



**CITY OF SOMERVILLE  
BOARD OF ALDERMEN**  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600

2014 APR 23 A 10:37

CITY CLERK'S OFFICE  
SOMERVILLE, MA**APPLICATION TO RENEW GARAGE LICENSE**

**A & M FOREIGN MOTORS, INC.**  
400 MYSTIC AVE  
SOMERVILLE, MA 02145

License #: 738

City #G160

Fee: 550.00

Account ID: 621

Reference #: 738

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: <b>A &amp; M FOREIGN MOTORS, INC.</b> Business Location: <b>400 MYSTIC AVE</b> Business Phone: <b>617-776-1760</b>	
License Holder: <b>A &amp; M FOREIGN MOTORS, INC.</b> <b>400 MYSTIC AVE</b> <b>SOMERVILLE, MA 02145</b> <b>617-776-1760</b>	
Mailing Address: <b>A &amp; M FOREIGN MOTORS, INC.</b> <b>400 MYSTIC AVE</b> <b>SOMERVILLE, MA 02145</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - EDWIN SANTA CRUZ</b> <b>SECRETARY - EDWIN SANTA CRUZ</b> <b>TREASURER - EDWIN SANTA CRUZ</b>	
FID: <b>042651742</b>	
Food Manager/Emergency Contact: <b>EDWIN SANTA CRUZ</b> <b>617-680-5553</b>	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

**OPEN TO THE PUBLIC**

- |                      |                    |
|----------------------|--------------------|
| 1 MECHANICAL REPAIRS | 8 VEHICLES OUTSIDE |
| 1 STORING VEHICLES   |                    |
| 4 VEHICLES INSIDE    |                    |

Description of Location and/or Other Conditions:

**Originally Issued 3/28/1991. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.**

I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the BOARD OF ALDERMEN.

-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: 

Date

04/21/2014

Print Name:

Edwin A. Santa Cruz

Phone

617-776-1760

*The Commonwealth of Massachusetts*  
*Department of Industrial Accidents*  
*Office of Investigations*  
*600 Washington Street*  
*Boston, Mass. 02111*

**Workers' Compensation Insurance Affidavit - General Business**

**Applicant information:**

Name: A & M Foreign Motors INC.  
Address: 400 Mystic Ave.  
City: Somerville State: MA Zip: 02145 Phone #: 617-7761760

- ☒ I am an employer with 1 employees (full and/or part time).  
☐ I am a sole proprietor or partnership and have no employees.  
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  
☐ We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type: ☐ Retail  
☐ Restaurant/Bar/Eating Establishment  
☐ Office and/or Sales (real estate, auto, etc.)  
☐ Nonprofit  
☐ Entertainment  
☐ Manufacturing  
☐ Health Care  
☒ Other Automotive Repairs

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Utica National Insurance Group  
Address: P.O. Box 6532  
City: Utica State: N.Y. Zip: 13504-6532 Phone #: 1-800-598-8422  
Policy #: 100887291 Expiration Date: 09/01/2014

**Applicant certification:**

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] Date: 04/21/2014  
Print Name: Edwin A. Santa Cruz

*Official use only. Do not write in this area. To be completed by city or town official.*

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

☐ Board of Health  
☐ Building Department  
☐ City/Town Clerk  
☐ Licensing Board  
☐ Selectmen's Office  
☐ Other \_\_\_\_\_



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: A&M Foreign Motors INC

Address of taxpayer/applicant's business in Somerville: 400 Mystic Ave

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-680-5553 evening: 617-680-5553

I, (print name) Edwin A. Santa Cruz, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 21st day of April, 20 14. [Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☒ Real Estate ☒ Water/Sewer ☒ Personal Property ☐ Other: \_\_\_\_\_

# 10816 # 134082001 # 922 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: 

**RECEIVED**  
4/23/14