

1550
CDB

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

A & E AUTO REPAIR, INC./ELAINE F. FERREIRA
27A CHELSEA STREET
EAST BOSTON MA 02128

LIC #: 2012-240
B.O.A.# 189777

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: Parking or Storing Vehicles: X

Washing Vehicles: Spray Painting: Operating a Tow Vehicle:

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
This Certificate must be signed and filed with the required fee of \$550.00 not
later than April 30, 2012. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current
records below. Please print or type your information, except for signature.

Company Name: A & E AUTO REPAIR, INC. TEL: 781-350-8881
Company Address: 00013 JOY ST (MUNREG)

City: SOMERVILLE State: MA Zip: 02143

Check One: Gov't Partner
Individual: Co: Corp: Trust: Agency Ship Other
Owner Name: A & E AUTO REPAIR, INC./ELAINE F. FERREIRA TEL: 781-350-8881
Owner Address: 27A CHELSEA STREET

Owner City: EAST BOSTON State: MA Zip: 02128
FID#: 264377947

This renewal is being sent to you as a courtesy, please file on time. If this
renewal is not returned to City Clerk's office by 04/30/2012, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC -- LICENSE #: 2012-240
FEE: \$550.00

This is to certify: A & E AUTO REPAIR, INC./ELAINE F. FERREIRA
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 05/06/2008

Garage situated at: 00013 JOY ST (MUNREG)

Doing business as : A & E AUTO REPAIR, INC.

Shall not exceed: 6 Vehicles Inside & 3 Vehicles Outside, not on public ways
in addition the following restrictions apply:

APPROVED W/CONDITIONS BOA #181037 4/27/2006. 1 TOW TRUCK ONLY FOR USE
IN THE BUSINESS.

3/5/2008 PER GEORGE LANDERS IT HAS BECOME A PART OF PAT'S ON LINWOOD ST.
AND THEY NO LONGER EXISTS. SEE ATTACHED E-MAIL

HOURS AMENDMENTED ON 5/14/2009 BOA #187326.

NEW OWNER BOA #189835, 6/24/2010 NO TOW TRUCK AND NEW HOURS

This renewal certificate must be signed by the holder of the license.

Check One: Owner Occupant Holder

[Signature]
Signature of Applicant
13 joy st
Address
Somerville MA 02143
City State Zip

** Office Use Only **
Mailed
Taken
Received: 3/29/12 - MS
\$550.
City Clerk

CITY CLERK'S OFFICE
SOMERVILLE, MA
2012 MAR 29 AM 10:55

IMPORTANT

#536

REF 645

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: A&E Auto Repair, Inc.
 Somerville Address and Zip Code: 13 Joy St Somerville MA 02143
 Phone Number of the Business: 617-666-0713

The Legal Name of the License Holder: Eliane F. Ferreira A&E Auto Repair, Inc.
 Street Address of the License Holder: 51A Tufts St
 City, State and Zip Code of the License Holder: Somerville MA 02145
 Phone Number of the License Holder: 781-350-8881
 Email Address of the License Holder: eliane FF79@hotmail.com

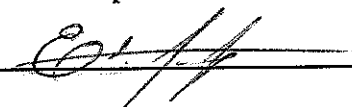
Where We Should Send Mail: Name: A and E Auto Repair, Inc
 Street Address: 13 Joy St Somerville
 City, State and Zip Code: Somerville MA 02143
 Email: eliane FF79@hotmail.com
 Phone Number: (617) 666-0713

Federal ID # (Do Not Give a Social Security #): 07-4431119

Emergency Contact and Phone (For Fire Dept. Use): 781-350-8881 - 781-350-8880

Type of Business (Check Only One and Give the Names Indicated):
 Sole Proprietor: Name of Owner: _____
 Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
 Trust: Names of All Trustees Who Own More Than 10%: _____
 Corporation (inc. LLC): Name of President: Eliane Ferreira
 Name of Secretary: Eliane Ferreira
 Name of Treasurer: Eliane Ferreira
 Other (Attach a Description of the Form of Ownership and the Names of Owners)

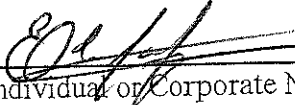
ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:
 -All information shown above is true and accurate.
 -Any changes above are subject to the approval of the Somerville Board of Aldermen.
 -I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:  Date 03/29/2012

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.



* Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

27-4431119

** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: A and J Auto Repair inc.

Address of taxpayer/applicant's business in Somerville: 13 yoy st somerville

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 781-350-8881 evening: 781-350-8881

I, (print name) Liane Ferreira, 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 28 day of

March, 2012. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

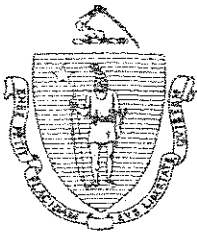
Real Estate Water/Sewer Personal Property Other: _____
8979 # 145056011 # 743 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

RECEIVED
UBana
3-28-12



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street, 7th Floor
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant Information: Please PRINT legibly

name: A and E Auto Repair inc.

address: 13 Joy St

city: Somerville state: MA zip: 02143 phone #: (617) 666-0713

work site location (full address): Same as above

I am a sole proprietor and have no one working in any capacity. Business Type: Retail Restaurant/Bar/Eating Establishment
 Office Sales (including Real Estate, Autos etc.)
 I am an employer with _____ employees (full & part time). Other

I am an employer providing workers' compensation for my employees working on this job.

company name: A and E Auto Repair

address: 13 Joy St

city: Somerville MA 02143 phone #: (617) 666-0713

insurance co. Granite State Insurance Co policy # 009947404

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

Attach additional sheet if necessary

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 03/29/2012

Print name Eliane Ferreira Phone # (781) 350-8881

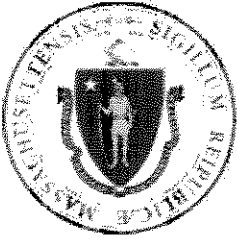
official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____

check if immediate response is required

contact person: _____ phone #: _____

(revised Sept. 2003)



**The Commonwealth of Massachusetts
William Francis Galvin**

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

A & E AUTO REPAIR INCORPORATED Summary Screen



Help with this form

Request a Certificate

The exact name of the Domestic Profit Corporation: A & E AUTO REPAIR INCORPORATED

Entity Type: Domestic Profit Corporation

Identification Number: 274431119

Date of Organization in Massachusetts: 04/04/2011

Current Fiscal Month / Day: 01 / 31

The location of its principal office:

No. and Street: 13 JOY ST
City or Town: SOMERVILLE State: MA Zip: 02145 Country: USA

If the business entity is organized wholly to do business outside Massachusetts, the location of that office:

No. and Street:
City or Town: State: Zip: Country:

Name and address of the Registered Agent:

Name: ELIANE F. FERREIRA
No. and Street: 13 JOY STREET
City or Town: SOMERVILLE State: MA Zip: 02145 Country: USA

The officers and all of the directors of the corporation:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code	Expiration of Term
PRESIDENT	ELIANE F FERREIRA	13 JOY ST SOMERVILLE, MA 02145 USA	
TREASURER	ELIANE F FERREIRA	13 JOY ST SOMERVILLE, MA 02145 USA	
SECRETARY	ELIANE F FERREIRA	13 JOY ST SOMERVILLE, MA 02145 USA	
VICE PRESIDENT	ELIANE F FERREIRA	13 JOY ST SOMERVILLE, MA 02145 USA	
DIRECTOR	ELIANE F FERREIRA	13 JOY ST SOMERVILLE, MA 02145 USA	