

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

GENENE TEREFE
812 MEMORIAL DRIVE, #1301
CAMBRIDGE MA 02139

LIC #: 2011-248
B.O.A.# 182339

*** 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 \$500.00 not
later than April 30, 2011. 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: GENE AUTOMOTIVE REPAIR TEL: 617-591-8300
Company Address: 00056 JOY ST (MUNREG)

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: X Co: ___ Corp: ___ Trust: ___ Agency ___ Ship ___ Gov't Partner
Other ___

Owner Name: GENENE TEREFE TEL: 617-591-8300

Owner Address: 812 MEMORIAL DRIVE, #1301

Owner City: CAMBRIDGE State: MA Zip: 02139

FID#: 012760081

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 04/30/2011, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-04:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2011-248
FEE: \$500.00

This is to certify: GENENE TEREFE
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 01/31/2007
Garage situated at: 00056 JOY ST (MUNREG)
Doing business as : GENE AUTOMOTIVE REPAIR
Shall not exceed: 10 Vehicles Inside & 3 Vehicles Outside, not on public ways
in addition the following restrictions apply:

APPROVED AS AMENDED: APPROVED FOR MECHANICAL REPAIRS AND PAINTING

CITY CLERKS OFFICE
SOMERVILLE, MA
2011 MAY - 2 A 10:13

This renewal certificate must be signed by the holder of the license.
Check One: Owner [X] Occupant ___ Holder ___

Signature of Applicant

56 Joy Street

Address

Somerville MA 02143
City State Zip

** Office Use Only **

Mailed ___

Taken [X]

Received: \$ 500.00 c/c# 383

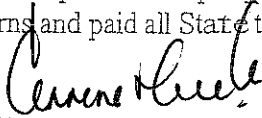
5/2/11 - ms

City Clerk

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)

02-0578864

** 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: Gene Automotive repair

Address of taxpayer/applicant's business in Somerville: 56⁸⁶ Joy street

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

Taxpayer/applicant's phone: day: 617-591-8360 evening: 617-721-7969

I, (print name) GENENE TEREFE, 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 _____ day of

_____, 20_____

(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

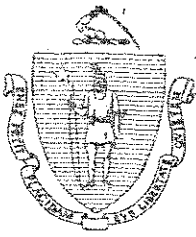
Real Estate # 06258104 Water/Sewer # 14502500 Personal Property # 00056550 Other: _____

NOTES:

CLERK'S INITIALS: G

ORIGINAL STAMP:

Received
5-2-11



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: Genevieve Terese
 address: 56 Joy St
 city: Somerville state: MA zip: 02143 phone #: 617-591-8300

work site location (full address):

- 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: _____
 address: _____
 city: _____ phone #: _____
 insurance co. ZURICH - AMERICAN policy # (622UB - 0906 L92-2)

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 Genevieve Terese Date 5/1/14

Print name _____ Phone # _____

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

city or town: _____ permit/license # _____ Building Department

check if immediate response is required Licensing Board

contact person: _____ phone #: _____ Selectmen's Office

(revised Sept. 2003) Health Department Other _____