

2013 CERTIFICATE OF REGISTRATION



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

APPLICATION TO RENEW GARAGE LICENSE

INMAN COLLISION CENTER
45 WEBSTER AVE
SOMERVILLE, MA 02143

License #: **777**
City # **G112**
Fee: **550.00**
Account ID: **659**
Reference #: **777**

6978

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: For INMAN COLLISION CENTER Business Location: 45 WEBSTER AVE Business Phone: 617-440-1070	<p style="text-align: center;">CR 477</p> <p style="text-align: center;">\$550-</p> <p style="text-align: center;">CITY CLERK'S OFFICE SOMERVILLE MA</p> <p style="text-align: center;">2013 MAR 25 A 10:40</p>
License Holder: ROCHA, MARISTELA 25 WEBSTER AVENUE #404 SOMERVILLE, MA 02143 617-440-1070	
Mailing Address: INMAN COLLISION CENTER SOMERVILLE, MA 02143	<p style="text-align: center;">45 Webster Avenue Somerville, MA 02143</p>
Business Type: SOLE PROPRIETORSHIP OWNER - MARISTELA ROCHA	
FID: 261241421	
Food Manager/Emergency Contact: MARISTELA ROCHA 857-221-1653	

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

Hours: **MO-FR 8AM-5PM, SA 9AM-5PM**

OPEN TO THE PUBLIC

- | | | |
|----------------------|--------------------|--------------------|
| 1 AUTO BODY WORK | 1 STORING VEHICLES | 4 VEHICLES OUTSIDE |
| 1 MECHANICAL REPAIRS | 17 VEHICLES | 1 WASHING VEHICLES |
| 1 SPRAY PAINTING | 13 VEHICLES INSIDE | |

Description of Location and/or Other Conditions:


Originally Issued 5/27/1982, No Vehicles Parked On Street, Sidewalk, Or Adjacent To Building. 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 03/22/13
Print Name: Maristela Rocha Phone 617 440.1070

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: Inman collision Center
Address: 45 Webster Ave
City: Somerville State: MA Zip: 02143 Phone #: (617) 440.1070

- I am an employer with _____ 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Utica National Company
Address: 201 Edgewater Place # 295
City: Wakfield State: MA Zip: 01580 Phone #:
Policy #: 4555404 Expiration Date: 03/23/13.

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: _____ Date: 03/21/13

Print Name: MARISTELA ROCHA

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: Webster Newton Concord Realty Trust

Address of taxpayer/applicant's business in Somerville: 45 Webster Avenue

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

Taxpayer/applicant's phone: day: 617-232-4258 evening: 617-923-9408

I, (print name) Stephen R. Wyner, 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 11th day of

March, 2013. Stephen R. Wyner
(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: _____

15823 # 146063001 # _____ # _____

NOTES:

CLERK'S INITIALS: MM

ORIGINAL STAMP:

received
3-11-13