



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

**APPLICATION TO RENEW GARAGE LICENSE**

**MIARIS, ELEFTERIOS  
68 JOY ST  
SOMERVILLE, MA 02143**

License #: **957**  
City # **G262**  
Fee: **550.00**  
Account ID: **755**  
Reference #: **957**

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 <b>TEDDY'S FOREIGN MOTORS</b> Business Location: <b>68 JOY ST</b> Business Phone: <b>617-625-4642</b>	
License Holder: <b>MIARIS, ELEFTERIOS</b> <b>68 JOY ST</b> <b>SOMERVILLE, MA 02143</b> <b>617-625-4642</b>	
Mailing Address: <b>MIARIS, ELEFTERIOS</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>SOLE PROPRIETORSHIP</b> <b>OWNER - ELEFTERIOS MIARIS</b>	
FID: <b>030582626</b>	
Food Manager/Emergency Contact: <b>TEDDY MIARIS</b> <b>781-935-0308</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**

- |                             |                           |
|-----------------------------|---------------------------|
| <b>1 MECHANICAL REPAIRS</b> | <b>5 VEHICLES OUTSIDE</b> |
| <b>15 VEHICLES</b>          |                           |
| <b>10 VEHICLES INSIDE</b>   |                           |

Description of Location and/or Other Conditions:

**Originally Issued 9/23/2010. 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: *Eleftherios Miaris* Date: 5-16-13

Print Name: Eleftherios Miaris Phone: 617 625 4642



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Teddy's For Mom

Address of taxpayer/applicant's business in Somerville: 68 Joy Street

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

Taxpayer/applicant's phone: day: 617 6254642 evening: 781 9350308

I, (print name) ELEFTHEMIOS MIARIS, 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

Ellen May MAY 20 13. Ellen Miaris  
(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: \_\_\_\_\_

# 94-A-1 # 122620 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: RS

ORIGINAL STAMP:



**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: Eleftherios Miakis  
Address: 68 Joy St  
City: Somerville State: MA Zip: 02143 Phone #: 617-625-4642

- ☐ 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 Auto mechanic

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

Insurance Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**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: 5-16-13

Print Name: ELEFTHERIOS MIAKIS

*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 \_\_\_\_\_