



**CITY OF SOMERVILLE**  
Commonwealth of Massachusetts  
93 Highland Avenue  
Somerville, MA 02143  
(617) 625-6600

2016 MAR 29 P 3:04

**Application to Renew Flammables License**

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**HILLSIDE AUTO REPAIR, INC.**  
**583 BROADWAY**  
**SOMERVILLE MA 02145**

**License #:** BL15-000505  
**File #:** 15-399  
**Fee:** 605

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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES:</b> (Note below or explain on a separate sheet)
<b>Business/DBA Name:</b> HILLSIDE AUTO REPAIR, INC. <b>Business Location:</b> 583 BROADWAY <b>Business Phone:</b> 781-395-9679	
<b>License Holder:</b> HILLSIDE AUTO REPAIR, INC. 583 BROADWAY SOMERVILLE MA 02145	
<b>Mailing Address:</b> HILLSIDE AUTO REPAIR, INC. 583 BROADWAY SOMERVILLE MA 02145	
<b>Business Type:</b> Corporation FRANK SPINOSA BETH ANN SPINOSA BETH ANN SPINOSA	
<b>FID:</b> 042911681	
<b>Emergency Contact:</b> FRANK SPINOSA <b>Phone:</b> 617-212-9413	
<b># of Gallons of Flammables to be Stored:</b> 30740 <b>Describe Flammables to be Stored:</b> Not yet provided. <b>Proposed Hours of Operation:</b> Not yet provided.	

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: 3/7/16

Printed Name: FRANK SPINOSA

Phone: 617-212-9413 cell

781-395-9679 work



**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: HILLSIDE AUTO REPAIR INC.  
 Address: 583 Broadway  
 City: SOMERVILLE State: MA Zip: 02145 Phone #: 781-395-9679

I am an employer with 7 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 GEN AND SERVICE

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

Insurance Company Name: NORBURD INSURANCE CO.  
 Address: P.O. Box A-4 16 S. RIVER ST.  
 City: WILKES-BARRA State: PA. Zip: 18703-0020 Phone #:  
 Policy #: HIWC 64211 Expiration Date: 7/14/2016

**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: 3/7/16

Print Name: FRANK SPINOSA

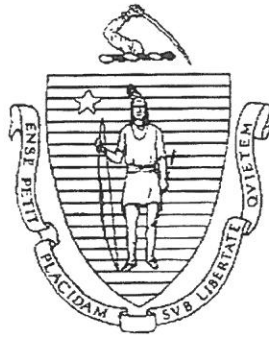
*Official use only. Do not write in this area. To be completed by city or town official.*

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

NOTICE  
TO  
EMPLOYEES



NOTICE  
TO  
EMPLOYEES

The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS

1 Congress Street, Suite 100, Boston, Massachusetts 02114-2017

617-727-4900 - <http://www.state.ma.us/dia>

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above-mentioned chapter by insuring with:

NorGUARD Insurance Company

NAME OF INSURANCE COMPANY

P.O. Box A-H, 16 S. River Street, Wilkes-Barre, PA 18703-0020

ADDRESS OF INSURANCE COMPANY

HIWC642111	07/14/2015	07/14/2016
POLICY NUMBER	EFFECTIVE DATES	
PAYCHEX INSURANCE AGENCY	150 Sawgrass Drive Rochester, NY 14620	877-266-6850
NAME OF INSURANCE AGENT	ADDRESS	PHONE #
Hillside Automotive Repair Inc.	583 Broadway Somerville, MA 02145	
EMPLOYER	ADDRESS	06/14/2015
EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY)		DATE

MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL ADDRESS  
TO BE POSTED BY EMPLOYER