



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

APPLICATION TO RENEW GARAGE LICENSE

**ADNAN DAHAN
12 GREENOCK LANE
NASHUA, NH 03062**

License #: **644**
City # **G217**
Fee: **550.00**
Account ID: **530**
Reference #: **644**

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: CITY AUTO SERVICE Business Location: 13B JOY ST Business Phone: 617-776-0838	
License Holder: CITY AUTO SERVICE 13 B JOY ST SOMERVILLE, MA 02143 617-776-0838	
Mailing Address: ADNAN DAHAN 12 GREENOCK LANE NASHUA, NH 03062	
Business Type: CORPORATION (INC. LLC) PRESIDENT - ADNAN DAHAN SECRETARY - ADNAN DAHAN TREASURER - ADNAN DAHAN	
FID: 261183984	
Food Manager/Emergency Contact: ADNAN DAHAN 617-201-4206	

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

Hours: **M-F 9A-5P SA 3P-5P**

OPEN TO THE PUBLIC

- 1 MECHANICAL REPAIRS
- 2 VEHICLES INSIDE
- 4 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

Originally Issued 12/9/1999, All Vehicles Serviced Inside Only. All Vehicles Stored Within Property Lines, None Parked Along Joy St. No Blocking The Sidewalk Or Any Public Way With Snow During Removal Periods. 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: Adnan Dahan Date 3-5-14
Print Name: ADNAN DAHAN Phone 617-776-0838



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: City Auto Service INC.

Address of taxpayer/applicant's business in Somerville: 13 B Joy st.

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

Taxpayer/applicant's phone: day: 617-776-0838 evening: 617-201-4206

I, (print name) ADNAN DAHAN, 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 3-~~rd~~ day of March, 2014. Adnan Dahan
(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: _____

N/A # 145056011 # 731 # _____

NOTES:

CLERK'S INITIALS: (Signature)

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: city Auto service INC.
Address: 13 B. JOY st.
City: Somerville State: MA. Zip: 02143 Phone #: 617-776-2838

I am an employer with 2 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: Guard Insurance Group
Address: 16 South River st.
City: Barre State: PA Zip: 18703 Phone #: 1-800-673-2465
Policy #: CIWC 473225 Expiration Date: November-7-2014

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 year's 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: Adnan Jahan Date: 3-5-14
Print Name: ADNAN JAHAN

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