

**CITY OF SOMERVILLE**  
MASSACHUSETTS  
OFFICE OF THE CITY CLERK  
**RENEWAL APPLICATION FOR GARAGE LICENSE**

LUIS E. LEINS  
69-71 BOW STREET  
SOMERVILLE MA 02143

LIC #: 2010-013  
B.O.A.# 166658

\*\*\* ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR \*\*\*

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work:      Parking or Storing Vehicles:     

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, 2010. 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: LEINS AUTO REPAIRS TEL: 617-623-9000  
Company Address: 00069 -00071 BOW ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual:      Co:      Corp: X Trust:      Agency      Gov't      Partner       
Ship      Other       
Owner Name: LUIS E. LEINS TEL: 617-623-9000  
Owner Address: 69-71 BOW STREET

Owner City: SOMERVILLE State: MA Zip: 02143

FID#: 542080683

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 04/30/2010, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*  
MONDAY-FRIDAY: 08:00 AM-06:00 PM  
SATURDAY: 08:00 AM-02:00 PM  
SUNDAY: CLOSED

Very truly yours,

John J. Long  
City Clerk

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

LICENSE #: 2010-013  
FEE: \$500.00

This is to certify: LUIS E. LEINS  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 02/13/1919

Garage situated at: 00069 -00071 BOW ST

Doing business as : LEINS AUTO REPAIRS

Shall not exceed: 2 Vehicles Inside & 8 Vehicles Outside, not on public ways  
in addition the following restrictions apply:

This renewal certificate must be signed by the holder of the license.  
Check One: Owner ✓ Occupant      Holder     

\_\_\_\_\_  
Signature of Applicant

65 1/2 Bow St

Address

Somerville MA 02143  
City State Zip

\*\* Office Use Only \*\*

Mailed \_\_\_\_\_

Taken \_\_\_\_\_

Received: 4-8-2010

CK 10294

City Clerk

\$500

CITY OF SOMERVILLE  
OFFICE OF THE CITY CLERK  
APR - 8 10 13

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.

Leins Auto Repair Inc.

\* Signature of Individual or Corporate Name (Mandatory)

[Signature]

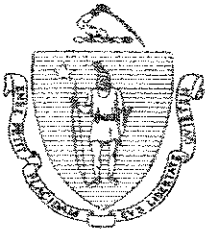
By: Corporate Officer (Mandatory, if a corporation)

542-08-0683

\*\* 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.



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street, 7<sup>th</sup> Floor  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: Leins Auto Repair Inc.  
 address: 65 1/2 Bow ST  
 city: Somerville state: MA zip: 02143 phone #: 617-623-9000

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: Leins Auto Repair Inc.  
 address: 65 1/2 Bow ST  
 city: Somerville MA 02143 phone #: 617-623-9000  
 insurance co. Utica National Insurance Group policy # 4265993

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 [Signature] Date 4-7-2010  
 Print name Luis E. Leins Phone # 617-623-9000

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

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_  Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other \_\_\_\_\_

check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_  
(revised Sept. 2003)

NATIONAL INSURANCE GROUP

WORKERS COMPENSATION AND EMPLOYERS  
LIABILITY INSURANCE POLICY

INFORMATION PAGE- NEW POLICY

NCCI CO #15822

| POLICY NUMBER  | FROM     | POLICY PERIOD TO | PRIOR POLICY NO.   | ISSUED BY                         |
|--|----------|------------------|--|-----------------------------------|
| 4265993  | 11/25/09 | 11/25/10         | NONE   | GRAPHIC ARTS MUTUAL INSURANCE CO. |
| THE INSURED AND MAILING ADDRESS  |          |                  | PRODUCER   |                                   |
| 1. LEINS AUTO REPAIR, INC.<br>65 1/2 BOW STREET<br>SOMERVILLE MA 02143 |          |                  | PRESCOTT & SON INS AGCY<br>963 EASTERN AVENUE<br>MALDEN MA 02148<br><br>(781) 322-2350 |                                   |
| FEIN 542080683   | RISK ID. | 000173165        |  |                                   |

- OTHER WORKPLACES NOT SHOWN ABOVE: NONE  
ENTITY OF INSURED - CORPORATION
2. POLICY PERIOD - 11/25/09 TO 11/25/10 12:01 AM STANDARD TIME AT THE INSURED'S MAILING ADDRESS.
- 3A. WORKERS COMPENSATION INSURANCE: PART ONE OF THE POLICY APPLIES TO THE WORKERS COMPENSATION LAW OF THE STATES LISTED HERE:  
MA.
- 3B. EMPLOYERS LIABILITY INSURANCE: PART TWO OF THE POLICY APPLIES TO WORK IN EACH STATE LISTED IN ITEM 3A. THE LIMITS OF OUR LIABILITY UNDER PART TWO ARE:  
 BODILY INJURY BY ACCIDENT \$500,000 EACH ACCIDENT  
 BODILY INJURY BY DISEASE \$500,000 EACH EMPLOYEE  
 BODILY INJURY BY DISEASE \$500,000 POLICY LIMIT
- 3C. OTHER STATES INSURANCE: PART THREE OF THE POLICY APPLIES TO THE STATES, IF ANY, LISTED HERE: ALL STATES EXCEPT: ND, OH, WA, WY AND STATES DESIGNATED IN ITEM 3A.
- 3D. SEE ATTACHED SCHEDULE FOR LIST OF ENDORSEMENTS FORMING PART OF THIS POLICY.
4. THE PREMIUM FOR THIS POLICY WILL BE DETERMINED BY OUR MANUALS OF RULES, CLASSIFICATIONS, RATES, AND RATING PLANS. ALL INFORMATION REQUIRED BELOW IS SUBJECT TO VERIFICATION AND CHANGE BY AUDIT.

| ST LOC CODE TYP | CLASSIFICATIONS             | PREM BASIS                     | RATE                  | EST     |
|-----------------|-----------------------------|--------------------------------|-----------------------|---------|
| NO              |                             | EST TOT ANN                    | PER \$100             | ANNUAL  |
|                 |                             | REMUN                          | REMUN                 | PREMIUM |
|                 | SEE ATTACHED SCHEDULE       |                                |                       | \$1,264 |
|                 | MINIMUM PREMIUM \$266 (MA)  |                                | EXPENSE CONSTANT (MA) | \$338   |
|                 | EMP LIAB MIN PREM \$50 (MA) |                                |                       |         |
|                 |                             | TOTAL ESTIMATED ANNUAL PREMIUM |                       | \$1,602 |
|                 |                             | DEPOSIT PREMIUM                |                       | \$1,602 |

ADJUSTMENT OF PREMIUM SHALL BE MADE ANNUALLY.

*Samuel W. Kelly*  
COMPANY OFFICER

COUNTERSIGNED THIS 9TH DAY OF DECEMBER, 2009  
PREMIUM AMOUNT TO BE REFLECTED ON NEXT BILLING NOTICE  
UNI-BILL NO. 100813251  
ISSUE DATE 12/09/09



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

- 1. Exact name of taxpayer/applicant's business: Leins Auto Repair Inc
- 2. Address of taxpayer/applicant's business in Somerville: 65 1/2 Bow St
- 3. Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
- 4. Taxpayer/applicant's phone: day: 617-623-9000 evening: 617-669-2198

I, Luis Leins, 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 8<sup>th</sup> day of April, 2010.  
[Signature]  
(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: \_\_\_\_\_

# 16537083 # 23205800 # 30052446 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: h

ORIGINAL STAMP: **received**  
4-7-8-10