



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

**Application to Renew Garage License**

**REILLY, ALBERT**  
**75 LAWRENCE STREET**  
**CHARLESTOWN MA 02129**

**License #:** BL15-000768  
**File #:** 15-651  
**Fee:** 550

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)
<b>Business/DBA Name:</b> REILLY, ALBERT <b>Business Location:</b> 61 WASHINGTON ST <b>Business Phone:</b> 617-776-4779	REILLY'S GARAGE
<b>License Holder:</b> REILLY, ALBERT 75 LAWRENCE STREET CHARLESTOWN MA 02129	
<b>Mailing Address:</b> REILLY, ALBERT 75 LAWRENCE STREET CHARLESTOWN MA 02129	
<b>Business Type:</b> Sole Proprietor ALBERT REILLY	
<b>FID:</b> 999999999	
<b>Emergency Contact:</b> ALBERT REILLY <b>Phone:</b> 617-519-4171	
<b>Proposed Hours of Operation if outside standard hours:</b> MO-FR 8AM-5:30PM, SA 8AM-4PM <b># of Vehicles Kept Inside:</b> 2 <b># of Vehicles Kept Outside:</b> 0 <b>Open to the public?</b> Yes <b>Mechanical repairs?</b> Yes <b>Autobody work?</b> Yes <b>Spray Painting?</b> No <b>Washing vehicles?</b> No <b>Charging money to store vehicles?</b> No <b>Storing unregistered vehicles?</b> No <b>Maintaining or operating a tow vehicle at this location?</b> No	6

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: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: REILLYS GARAGE

Address of taxpayer/applicant's business in Somerville: 65 WASHINGTON ST

Address of taxpayer/applicant's home in Somerville: NONE

Taxpayer/applicant's phone: day: 617 776 4779 evening: 617 519 4171

I, (print name) ALBERT REILLY, 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 25 day of MARCH, 20 15. Albert Reilly  
(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: \_\_\_\_\_

# \_\_\_\_\_ # 109104011 # 1211 # OR

NOTES:

CLERK'S INITIALS: OR ORIGINAL STAMP: 

**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**600 Washington Street**  
**Boston, Mass. 02111**

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:**

Name: Reillys GARAGE  
Address: 63 WASHINGTON ST  
City: SOMERVILLE State: MA Zip: 02145 Phone #: 617 776 4779

- |  |  |
|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).  | Business Type: <input type="checkbox"/> Retail                         |
| <input checked="" type="checkbox"/> I am a sole proprietor or partnership and have no employees.                               | <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          | <input type="checkbox"/> Nonprofit                                     |
|  | <input type="checkbox"/> Entertainment                                 |
|  | <input type="checkbox"/> Manufacturing                                 |
|  | <input type="checkbox"/> Health Care                                   |
|  | <input type="checkbox"/> Other _____                                   |

**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: Albert Reilly Date: 3/25/2015  
Print Name: ALBERT REILLY

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

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
		<input type="checkbox"/> Other _____
Contact Person: _____	Phone #: _____	