

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

HERBERT G CHAMBERS  
259 MCGRATH HIGHWAY  
SOMERVILLE MA 02143

LIC #: 2011-062  
B.O.A.#

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work:     Parking or Storing Vehicles: X  
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, 2011. 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: HERBERT CHAMBERS I-93, INC., D/B/A CHAMBERS TEL: 617-666-4100  
Company Address: 00259 MCGRATH HWY

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual:     Co:     Corp: X Trust:     Agency:     Gov't Partner  
Ship Other  
Owner Name: HERBERT G CHAMBERS TEL: 1-203-434-0031  
Owner Address: 259 MCGRATH HIGHWAY

Owner City: SOMERVILLE State: MA Zip: 02143  
FID#: 061335996

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 04/30/2011, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*  
MONDAY-FRIDAY: 07:00 AM-07:00 PM  
SATURDAY: 08:00 AM-05:00 PM  
SUNDAY: CLOSED

Very truly yours,

John J. Long  
City Clerk

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

LICENSE #: 2011-062  
FEE: \$500.00

This is to certify: HERBERT G CHAMBERS  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 09/25/1941

Garage situated at: 00259 MCGRATH HWY  
Doing business as : HERBERT CHAMBERS I-93, INC., D/B/A CHAMBERS MOTORCA  
Shall not exceed: 310 Vehicles Inside & 40 Vehicles Outside, not on public ways  
in addition the following restrictions apply:

SERVICE/REPAIR 60 VEHICLES - 20 INSIDE 40 OUTSIDE  
STORAGE 240 VEHICLES - INSIDE  
MAIN SHOWROOM 10 VEHICLES (DISPLAY) - INSIDE  
SECOND SHOWROOM 40 VEHICLES (DISPLAY) - INSIDE

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

[Signature]  
Signature of Applicant

259 McGrath Highway  
Address

Somerville ma 02143  
City State Zip

Received: \_\_\_\_\_

City Clerk

\*\* Office Use Only \*\*

Mail  
Take

CITY CLERK'S OFFICE  
SOMERVILLE MA

2011 MAY -9 P 2:05

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.

Herb Chambers I-93 Inc  
\* Signature of Individual or Corporate Name (Mandatory)

Bill VICE-PRESIDENT  
By: Corporate Officer (Mandatory, if a corporation)

012-1335996  
\*\* 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.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

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

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Herb Chambers I-93 Inc

Address of taxpayer/applicant's business in Somerville: 259 of Groath Highway

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

Taxpayer/applicant's phone: day: (617) 466-4102 evening: \_\_\_\_\_

I, (print name) Herbert Chambers, 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 14 day of April, 2011. [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: \_\_\_\_\_

# 11358084      # 145051001      # 30052221      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

**received**  
UBancos  
5-9-11



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: Herb Chambers I-93 Inc  
 address: 259 Macbrath Highway  
 city: Sonerville state: MA zip: 02143 phone #: 617 666 4100

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 100 employees (full & part time).  Other
- I am an employer providing workers' compensation for my employees working on this job.

company name: Herb Chambers I-93 Inc DOA Mercedes Benz of Boston  
 address: 259 Macbrath Highway  
 city: Sonerville phone #: 617 666 4100  
 insurance co. Liberty Mutual policy #: WC 7-111-257840-024

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: 4/14/11  
 Print name: Herbert Chambers Phone #: 617 666 4100

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

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_

check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_

Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other \_\_\_\_\_

(revised Sept. 2003)