

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

EDGAR O. PINEROS
46 HANCOCK STREET, APT. #2
CHELSEA MA 02150

LIC #: 2012-113
B.O.A.# 187325

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: Parking or Storing Vehicles: XWashing 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 \$550.00 not
later than April 30, 2012. 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: METRO AUTO REPAIR TEL: 617-629-4700
Company Address: 00047 WEBSTER AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: Co: Corp: Trust: Agency Ship Other

Owner Name: EDGAR O. PINEROS TEL: 617-429-2376
Owner Address: 46 HANCOCK STREET, APT. #2

Owner City: CHELSEA State: MA Zip: 02150
FID#: 031664821

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 04/30/2012, please advise.

***** HOURS OF OPERATIONS *****
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 #: 2012-113
FEE: \$550.00

This is to certify: EDGAR O. PINEROS
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 12/09/1982

Garage situated at: 00047 WEBSTER AV

Doing business as : METRO AUTO REPAIR

Shall not exceed: 14 Vehicles Inside & 6 Vehicles Outside, not on public ways
in addition the following restrictions apply:

NO VEHICLES PARKED ON THE SIDEWALK AND STREET WILL BE SUBJECT TO TOW.

TWO LICENSES COMBINED AT THIS ADDRESS TO MAKE UP THE 20 VEHICLES
AKA 1 CONCORD AVENUE.

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

Signature of Applicant

46 HANCOCK ST APT 2

Address

CHELSEA MA 02150

City State Zip

** Office Use Only **

Mailed

Taken Received: 3/29/12 - MS\$550.00 ck# 1762

City Clerk

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: METRO AUTO REPAIR
Somerville Address and Zip Code: 47 WEBSTER AV. Somerville MA 02143
Phone Number of the Business: 617-629-4700 OR 617 429 2376

The Legal Name of the License Holder: EDGAR O. PINEROS
Street Address of the License Holder: 46 HANCOCK ST APT 2
City, State and Zip Code of the License Holder: CHELSEA MA 02150
Phone Number of the License Holder: 617 429 2376
Email Address of the License Holder: metroauto.pineros@gmail.com

Where We Should Send Mail: Name: EDGAR PINEROS
Street Address: P.O BOX 75
City, State and Zip Code: E. BOSTON MA 02128
Email: _____
Phone Number: _____

Federal ID # (Do Not Give a Social Security #): _____

Emergency Contact and Phone (For Fire Dept. Use): 617. 429-2376

Type of Business (Check Only One and Give the Names Indicated):
☒ Sole Proprietor: Name of Owner: EDGAR O. PINEROS
____ Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
____ Trust: Names of All Trustees Who Own More Than 10%: _____
____ Corporation (inc. LLC): Name of President: _____
Name of Secretary: _____
Name of Treasurer: _____
____ Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: _____ Date: _____

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.

Edgum P. Puro

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

031-66-4821

** 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: METRO AUTO REPAIR

Address of taxpayer/applicant's business in Somerville: 47 WEBSTER AV SOMERVILLE
MA. 02143

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

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) _____, 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 _____ day of

_____, 20____.

(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: _____

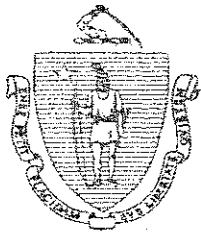
15725 # 124071001 # 1366 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED
3-29-12



The Commonwealth of Massachusetts

Department of Industrial Accidents

Office of Investigations

600 Washington Street, 7th Floor

Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: EDGAR. O. PINEROS
address: 46 HANCOCK ST APT 2
city: CHELSEA state: MA zip: 02150 phone # 617-429-2376

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:

address:

city:

phone #:

insurance co.

policy #

☐ 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 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: Edgar Pineros Date: 3/28/2012

Print name: EDGAR. O. PINEROS Phone #: 6174292376

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:
(revised Sept. 2003)

phone #: _____

- ☐ Building Department
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Health Department
- ☐ Other _____