



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

Application to Renew Garage License

HERB CHAMBERS I-93 INC
259 MCGRATH HWY
SOMERVILLE MA 02143

License #: BL15-001135
File #: 15-002359
Fee: 605

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: Mercedes Benz of Boston Business Location: 19 Joy ST Business Phone: 617-666-4100	
License Holder: HERB CHAMBERS I-93 INC 259 MCGRATH HWY SOMERVILLE MA 02143	
Mailing Address: HERB CHAMBERS I-93 INC 259 MCGRATH HWY SOMERVILLE MA 02143	
Business Type: Corporation Herb Chambers Herb Chambers James Duchesneau	
FID: 061335996	
Emergency Contact: Jeff Davis Phone: 617-549-3813	
Proposed Hours of Operation if outside standard hours: Mon-Fri 8AM-2PM Sat 8AM-2PM Sun Closed # of Vehicles Kept Inside: 22 # of Vehicles Kept Outside: 20 Open to the public? Yes Mechanical repairs? Yes Autobody work? No Spray Painting? No Washing vehicles? Yes Charging money to store vehicles? No Storing unregistered vehicles? Yes Maintaining or operating a tow vehicle at this location? No	

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.



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

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

Address of taxpayer/applicant's business in Somerville: 259 n/c Court Hwy

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

Taxpayer/applicant's phone: day: 617 666 10480 evening: _____

I, (print name) Debra Willey, 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 25th day of February, 2016. [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: _____

9922 # 14505200 # 788 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP: [Signature]

3-3-16

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: Herb Chandler T 93 Inc
Address: 259 McGrath Hwy
City: Dorchester State: MA Zip: 02149 Phone #: (617) 666-4180

- ☒ I am an employer with 110 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: Travelers Insurance
Address: 350 Granite St
City: Braintree State: MA Zip: 02184 Phone #: 508-369-5782
Policy #: C2KU B101 D254 Expiration Date: 10/1/14

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: Debra Willey Date: 2-25-16
Print Name: Debra Willey

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 _____