



**CITY OF SOMERVILLE  
BOARD OF ALDERMEN**  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600

**APPLICATION TO RENEW GARAGE LICENSE**

**HAWKINS STREET AUTOMOTIVE CO., INC.**  
9 HAWKINS ST  
SOMERVILLE, MA 02143

License #: 607  
City #G39  
Fee: 550.00  
Account ID: 496  
Reference #: 607

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: <b>HAWKINS STREET AUTOMOTIVE CO., INC.</b> Business Location: <b>9 HAWKINS ST</b> Business Phone: <b>617-623-9552</b>	
License Holder: <b>HAWKINS STREET AUTOMOTIVE CO., INC.</b> <b>9 HAWKINS ST</b> <b>SOMERVILLE, MA 02143</b> <b>617-623-9552</b>	
Mailing Address: <b>HAWKINS STREET AUTOMOTIVE CO., INC.</b> <b>9 HAWKINS ST</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - MICHAEL PISARI</b> <b>SECRETARY - MICHAEL PISARI</b> <b>TREASURER - MICHAEL PISARI</b>	
FID: <b>042455674</b>	
Food Manager/Emergency Contact: <b>MICHAEL PISARI</b> <b>978-604-2717</b>	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

**OPEN TO THE PUBLIC**

- 1 MECHANICAL REPAIRS
- 4 VEHICLES INSIDE
- 8 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

**Originally Issued 7/9/1964, 3-9 Rear Hawkin Street. Amended 12/09/1965. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.**

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: Michael A. Pisari Date: 3.4.14  
Print Name: Michael A. Pisari JR Phone: 617 623 9552



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Hawkins ST Automotive CO Inc  
Address of taxpayer/applicant's business in Somerville: 39 Hawkins ST Somerville MA  
Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_  
Taxpayer/applicant's phone: day: 617 623 9552 evening: 978 604 2717

I, (print name) Michael A Pisani JR, 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 41 day of March, 20 14. Michael A Pisani JR  
(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: \_\_\_\_\_

# 6937      # 233023111      # N/A      # \_\_\_\_\_  
16546115      # 233023011

NOTES:

CLERK'S INITIALS: M.M.

ORIGINAL STAMP: **received**  
3-19-14

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: Hawkins ST Automotive CO Inc  
Address: 9 Hawkins ST  
City: Somerville State: MA Zip: 02143 Phone #: 617 6239552

- I am an employer with 1 employees full and/or part time). Business Type:  Retail  
 I am a sole proprietor or partnership and have no employees.  Restaurant/Bar/Eating Establishment  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  Office and/or Sales (real estate, auto, etc.)  
 We are a nonprofit organization staffed by volunteers and have no employees.  Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: Public Service Mutual Ins Company  
Address: one Park Ave  
City: New York State: NY Zip: 10016 Phone #: \_\_\_\_\_  
Policy #: WC 006590 Expiration Date: 12-18-14

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: Michael A Pisari Jr Date: 3.4.14  
Print Name: Michael A Pisari JR

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