

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

VINCENT SERRANO, TREASURER, IDEAL ENGINE
49 DAY STREET
SOMERVILLE MA 02144

LIC #: 2010-031
B.O.A.#

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: X Parking or Storing Vehicles:
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, 2010. 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: IDEAL ENGINE REBUILDERS, INC. TEL: 617-623-7740
Company Address: 00096 DOVER ST

City: SOMERVILLE State: MA Zip: 02144

Check One: Individual: Co: Corp: X Trust: Agency Ship Other
Gov't Partner

Owner Name: VINCENT SERRANO, TREASURER, IDEAL ENGINE TEL: 617-489-2460

Owner Address: 49 DAY STREET

Owner City: SOMERVILLE State: MA Zip: 02144

FID#: 042282279

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 04/30/2010, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 07:30 AM-05:30 PM
SATURDAY: 00:00 AM-00:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

LICENSE #: 2010-031
FEE: \$500.00

This is to certify: VINCENT SERRANO, TREASURER, IDEAL ENGINE
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 06/22/1978

Garage situated at: 00096 DOVER ST

Doing business as : IDEAL ENGINE REBUILDERS, INC.

Shall not exceed: 20 Vehicles Inside & 20 Vehicles Outside, not on public ways
in addition the following restrictions apply:

3-28-91 AMENDED TO ADDITIONAL 20 VEHICLES BEING GARAGED INSIDE THE
PREMISES ONLY. UNDER NO CIRCUMSTANCES WILL PARKING BE ALLOWED OUTSIDE
OF PREMISES.

2010 MAY 25 10:17
CITY CLERK'S OFFICE
SOMERVILLE MA

This renewal certificate must be signed by the holder of the license.

Check One: Owner [checked] Occupant Holder

[Signature]
Signature of Applicant

49 Day St
Address

Somerville MA 02144
City State Zip

** Office Use Only **
Mailed
Taken
Received: CR 2547
\$500
City Clerk



City of Somerville, Massachusetts
Finance Department, Treasury Division

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

CERTIFICATE OF GOOD STANDING

- 1. Exact name of taxpayer/applicant's business: Ideal Engine Rebuilders Inc.
- 2. Address of taxpayer/applicant's business in Somerville: 49 Day St
- 3. Address of taxpayer/applicant's home in Somerville: _____
- 4. Taxpayer/applicant's phone: day: 617-666-3737 evening: 617-410-8384

I, Dennis Serrano, 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 MAY, 2010. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

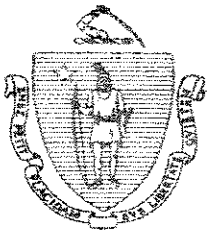
Real Estate Water/Sewer Personal Property Other: _____

20086260 # 30004400 # NO ACC # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: **received**
6-5-25-10



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: Ideal Engine Rebuilders Inc

address: 49 Day St

city Somerville ma 02144 state: _____ zip: _____ phone # 617-666-3737

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 6 employees (full & part time). Other

I am an employer providing workers' compensation for my employees working on this job.

company name: Ideal Engine Rebuilders Inc

address: 49 Day St

city: Somerville MA 02144 phone #: 617-666-3737

insurance co. Associated Employers 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 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 5/25/10

Print name Dennis Serrano Phone # 617-666-3737

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 #: _____

(revised Sept. 2003)

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

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.

Ideal Engine Rebuilders Inc.

* Signature of Individual or Corporate Name (Mandatory)

[Handwritten Signature]

By: Corporate Officer (Mandatory, if a corporation)

042282279

** 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.