



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

APPLICATION TO RENEW GARAGE LICENSE

**GEMICAR INC
TECH AUTO BODY
9 UNION SQ
SOMERVILLE, MA 02143**

License #: **767**
City # **G185**
Fee: **550.00**
Account ID: **650**
Reference #: **767**

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: For TECH AUTO BODY	<p style="text-align: center;">2013 APR - 8 P 1:23 CITY CLERK'S OFFICE SOMERVILLE, MA</p>
Business Location: 9 UNION SQ	
Business Phone: 617-628-0232	
License Holder: GEMICAR INC TECH AUTO BODY 9 UNION SQ SOMERVILLE, MA 02143 617-628-0232	
Mailing Address: GEMICAR INC 9 UNION SQ SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - GEORGE MIHOS SECRETARY - GEORGE MIHOS	
FID: 043356068	
Food Manager/Emergency Contact: GEORGE MIHOS 617-650-1819	

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 AUTO BODY WORK | 3 VEHICLES INSIDE |
| 1 SPRAY PAINTING | 5 VEHICLES OUTSIDE |
| 8 VEHICLES | |

Description of Location and/or Other Conditions:

Originally Issued 3/10/1994. No Mechanical Repairs. 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: *George Mihos* Date: 3/28-13
Print Name: GEORGE MIHOS Phone: (617) 628-0232

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: GEMICAR, INC D/B/A TECH AUTO BODY
Address: 9 Union Square
City: Somerville State: MA Zip: 02143 Phone #: (617) 628-0232
☒ I am an employer with 3 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 Auto Body Repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: The Travelers Indemnity Company
Address: 2420 Lakemont Ave Ste 100
City: Orlando State: FL Zip: 32814 Phone #: 1800-832-7839
Policy #: GKUB-9581L16712 Expiration Date: 11-04-13

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: George Mihos Date: 3/28/13
Print Name: George Mihos (President)

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: GEMICAR, INC d/b/a TECH AUTO BODY

Address of taxpayer/applicant's business in Somerville: 9 Union Square

Address of taxpayer/applicant's home in Somerville: 9 Union Square

Taxpayer/applicant's phone: day: 617-628-0232 evening: 617-650-1819

I, (print name) GEMICAR, INC d/b/a TECH AUTO BODY, 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 29th day of March, 20 13. George Mihos
(Taxpayer's signature) (President)

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: _____

~~63920~~ # 123079001 # 73 # _____

NOTES: 14980

CLERK'S INITIALS: UR

ORIGINAL STAMP: 

RECEIVED
UBanaos
4-8-13