

HILLSIDE JAGUAR INC

SOMERVILLE, MA 02145

45 MYSTIC AVE

CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600 2013 MAR 26 A 11: 08

CITY CLERK'S OFFICE SOMERVILLE, MA

APPLICATION TO RENEW GARAGE LICENSE

License #:

737

City #G71

Fee:

550.00

Account ID:

620

Reference #:

737

#6989

Review and update the information below. <u>If you have workers compensation insurance</u>, 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.

Business/DBA Name: For HILLSIDE SERVICE CENTER Business Location: 45 MYSTIC AVE Business Phone: 617-623-7388	HANGES: (Note below or explain on a separate sheet)
Business/DBA Name: For HILLSIDE SERVICE CENTER Business Location: 45 MYSTIC AVE Business Phone: 617-623-7388	
License Helder HILLSIDE LACHADING	
License Holder: HILLSIDE JAGUAR INC 45 MYSTIC AVE SOMERVILLE, MA 02145 617-623-7388	
Mailing Address: HILLSIDE JAGUAR INC SOMERVILLE, MA 02145	
Business Type: CORPORATION (INC. LLC) SECRETARY - LORRAINE BOUDREAU TREASURER - LORRAINE BOUDREAU	
FID: 042917732	
Food Manager/Emergency Contact: KATHY BOUDREAU 617-438-7381	

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
- 10 VEHICLES
- 10 VEHICLES INSIDE

Description of Location and/or Other Conditions:

Originally Issued 5/27/1976, 20 Total On Premises 10 For Used Car, 10 For Garage. 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 All have filed all State taxes required by	ALDERMEN.
Signature: Strawbeen Security	Date 3/17/13
Print Name: 1001/4 / 1304 Itah	Phone CM 623 BY

The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Name: ##IIIS de Jaguar Frac Address: 45 Lystic Ave City: Doreville State: ## Zip: 01145 Phone #: 6 176 13 73 P/ I am an employer with 2 employees Business Type: [Retail Retail/Retairing Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Composition of exemption per c152 \$1(4), and have no employees. [We are a corporation that has exercised our right of exemption per c152 \$1(4), and have no employees. [We are a nonprofit organization staffed by volunteers and have no employees. [We are a nonprofit organization staffed by volunteers and have no employees. [We are a nonprofit organization staffed by volunteers and have no employees. [We are a nonprofit organization staffed by volunteers and have no employees. [We are a nonprofit organization staffed by volunteers and have no employees. [We are a nonprofit organization staffed by volunteers and have no employees. [We are a nonprofit organization staffed by volunteers and have no employees. [We are a nonprofit organization staffed by volunteers and have no employees. [We are a nonprofit organization staffed by volunteers and have no employees. [We are a nonprofit organization staffed by City or town of staffed by volunteers and have no employees. [We are a nonprofit organization staffed by city or town of staffed by volunteers and have no employees. [We are a nonprofit organization staffed by city or town of staffed by contain the profit of perjury that the information provided above is true and correct. [We are a nonprofit of perjury that the information provided above is true and correct. [We are a nonprofit of perjury that the information provided above is true and correct. [We are a nonprofit of perjury that the information provided above is true and correct. [We are a nonprofit of perjury that the information provided above is true and correct. [We are a nonprofit of perjury that the information provided above is true and correct. [We are a nonprofit of perjury that the information provided above is true and correct. [We are a nonprofit	Applicant information:			
Address: 45 Lystic Acc. City: Lower with 2 employees Business Type: [full and/or part time]. If am an employer with 2 employees Business Type: [full and/or part time]. If am a sole proprietor or partnership and have no employees. We are a corporation that has exercised our right of exemption per cl 52 sl (4), and have no employees. We are a nonprofit organization staffed by volunteers and have no employees. Workers' compensation insurance information (if applicable): Insurance Company Name: Association Bure fits Insurance Company Name: Association Insurance Information (if applicable): Insurance Company Name: Association Bure fits Insurance Information (if applicable): Insurance Company Name: Association Bure fits Insurance Information (if applicable): Insurance Company Name: Association Bure fits Insurance Information (if applicable): Insurance Company Name: Association Bure fits Insurance Information (if applicable): Insurance Company Name: Association Bure fits Insurance Information Insurance Insurance Information Insurance Insurance Information Insurance Information Insurance Information I	Name: Hilside	Jaguar Frac		
City: Dance With	Address: 45 Lys	tic Ave		
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Insurance Company Name: Association Bire fits Insurance Marketa. Address: 299 Ballardvaile It. Suite! We Drown City: Olive of 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 reflect the pains and penalties of perjury that the information provided above is true and correct. Signature: Date: Board of Health Official use only. Do not write in this area. To be completed by city or town official. City or Town: Permit/License #: Board of Health Building Department City Town Clerk Licensing Board Selectmen's Office	(full and/or part time). I am a sole proprietor or paremployees. We are a corporation that hexemption per c152 s1(4), We are a nonprofit organize	rathership and have no has exercised our right of and have no employees. ation staffed by	Restaurant/Bar/Eating Office and/or Sales (re Nonprofit Entertainment Manufacturing Health Care	eal estate, auto, etc.)
Address: 299 Ballardvaile If. State: A Zip: 01 PT Phone #: 500 790 99 77 Policy #: 014 005 031 60 4113 Expiration Date: 1/1 (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 inder the pains appenalties of perjury that the information provided above is true and correct. Signature: Date: 3/18/2013 Print Name: Robert Bokert Boke			4	
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Building Department City/Town Clerk Licensing Board Selectmen's Office Contact Person: Phone #:				
Contact I erson.				☐ Building Department ☐ City/Town Clerk ☐ Licensing Board ☐ Selectmen's Office
	Contact Person:	Phone #:		- 40

(revised Jan. 2008)



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

2 7 000		2				
Exact name of taxpayer/ap	plicant's business:	tills, de Jajua	Inc			
Exact name of taxpayer/applicant's business: Hills, de Tajuar. Inc. Address of taxpayer/applicant's business in Somerville: 45 Hystic Ave. Address of taxpayer/applicant's home in Somerville: 75 hystic Ave.						
Address of taxpayer/applicant's home in Somerville: 75 hystic Ave						
Taxpayer/applicant's phone: day: 4174237388 evening: 6179232425						
I, (print name) Robert Bou dream, 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						
Sam	, 20 <u>/3</u>	(Taxpayer's signatu	are)			
CITY'S ACKNOWLEDGEMENT						
DATE OF ISSUANCE: _	INCLUDI	ES RELEVANT POSTINGS THROUGH	I:			
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:						
☐ Real Estate	□Water/Sewer	☐ Personal Property	☐ Other:			
# 30LL(11) NOTES:	1080C601#	# 912	<u>#</u>			
CLERK'S INITIALS: _		ORIGINAL STAMP:				