



**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

**HILLSIDE JAGUAR INC
45 MYSTIC AVE
SOMERVILLE, MA 02145**

License #: 737
City #G71
Fee: 550.00
Account ID: 620
Reference #: 737

#6989

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 HILLSIDE SERVICE CENTER Business Location: 45 MYSTIC AVE Business Phone: 617-623-7388	
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 ALDERMEN.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: *Roberta Boudreau* Date: 3/17/13
Print Name: Roberta Boudreau Phone: 617 623 7388

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: Hillside Jaguar Inc
Address: 45 Mystic Ave
City: Dorchester State: MA Zip: 02145 Phone #: 6176237321

- I am an employer with 2 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 Auto Repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: Association Benefits Insurance / MA Retail
Address: 299 Ballardvale St. Suite 1 WC Group
City: Wilmington State: MA Zip: 01877 Phone #: 8007908877
Policy #: 014005031604113 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 under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Robert Bourdreaux Date: 3/10/2013
Print Name: Robert Bourdreaux

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: Hillside Jaguar, Inc

Address of taxpayer/applicant's business in Somerville: 45 Mystic Ave

Address of taxpayer/applicant's home in Somerville: 75 Mystic Ave

Taxpayer/applicant's phone: day: 617 623 7388 evening: 617 923 2420

I, (print name) Robert Bodreau, 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 18 day of March, 2013. [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: _____

2066111 # 1020/3001 # 912 # _____

NOTES: 10694

CLERK'S INITIALS: A

ORIGINAL STAMP:

RECEIVED
3-26-13