CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

MELVIN H SIEGEL/LAWRENCE L. SIEGEL LIC #: 2012-181
34 SADDLE CLUB ROAD B.O.A.#
LEXINGTON MA 02420

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***
ALLOWED USES - (CHOOSE ALL THAT APPLY)
Mechanical Repair:___ Auto Body Work: X Parking or Storing Vehicles:___
Washing Vehicles: X Spray Painting: X 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 $550.00 not later than April 30, 2012. 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: SERVICE AUTO BODY, INC.,D/B/A WEBSTER AUTO TEL: 617-666-8181
Company Address: 00069 WEBSTER AV
City: SOMERVILLE State: MA Zip: 02143
Check One:
Individual: ___ Co: X Corp: ___ Trust: ___ Agency ___ Gov't Ship ___ Partner Other ___
Owner Name: MELVIN H SIEGEL/LAWRENCE L. SIEGEL TEL: 617-666-8181
Owner Address: 34 SADDLE CLUB ROAD
Owner City: LEXINGTON State: MA Zip: 02420
FID#: 042319664

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 04/30/2012, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

---------- OUR CURRENT INFORMATION SHOWS ---------
-- GARAGE OPEN TO THE PUBLIC -- LICENSE #: 2012-181
FEE: $550.00

This is to certify: MELVIN H SIEGEL/LAWRENCE L. SIEGEL
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 12/09/1993
Garage situated at: 00069 WEBSTER AV
Doing business as : SERVICE AUTO BODY, INC.,D/B/A WEBSTER AUTO BODY CO
Shall not exceed: 11 Vehicles Inside
in addition the following restrictions apply:
7/14/2005 APPROVED WITH CONDITIONS: HOURS OF OPERATION
MONDAY - FRIDAY 8:00AM TO 6:00PM
SATURDAY 8:00AM TO 2:00PM
CLOSED SUNDAY NO BUSINESS
SPRAY PAINTING ALLOWED
8/31/2005 AMENDED NUMBER OF CARS ALLOWED FROM 25 TO 11 MAX.

CITY CLERK'S OFFICE SOMERVILLE, MA 2012 NOV -8 P 3:15

This renewal certificate must be signed by the holder of the license.
Check One: Owner ✓ Occupant _____ Holder _____

Melvin H. Siegel
Signature of Applicant

Address

City State Zip

** Office Use Only **
Mailed _____
Taken _____

Received: 11-8-2012
CK 22912 $550

City Clerk

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: Service Auto Body INC D/B/A Webster Auto B
Somerville Address and Zip Code: 609 Webster Ave Somerville Ma 02143
Phone Number of the Business: 617 666 8181

The Legal Name of the License Holder: Melvin H. Siegel / Lawerence L. Siegel
Street Address of the License Holder: 34 Saddle Club Rd
City, State and Zip Code of the License Holder: Lexington Ma 02420
Phone Number of the License Holder: 617 666 8181
Email Address of the License Holder:

Where We Should Send Mail: Name: Webster Auto Body
Street Address: 609 Webster Ave
City, State and Zip Code: Somerville Ma 02143
Email:
Phone Number: 617 666 8181

Federal ID # (Do Not Give a Social Security #): 042-3196064

Emergency Contact and Phone (For Fire Dept. Use): 617.594 9773

Type of Business (Check Only One and Give the Names Indicated):

___Sole Proprietor: Name of Owner:

___Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:

___Trust: Names of All Trustees Who Own More Than 10%:

__/__Corporation (inc. LLC): Name of President:
Name of Secretary:
Name of Treasurer:

___Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Melvin H. Siegel **Date**

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.

X Angela A. Siegel

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

042 319664

** 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.

City of Somerville, Massachusetts
Finance Department, Treasury Division

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

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Service Auto Body

Address of taxpayer/applicant's business in Somerville: 69 Webster Ave, Somerville MA

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 6176068181 evening: _____

I, (print name) Melvin Siegel, 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 _____, 20____. Melvin Siegel
(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: ___
# 15834	#	# 1341	#

NOTES:

CLERK'S INITIALS: _____ **ORIGINAL STAMP:** RECEIVED 11-8-12

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143
(617) 625-6600 EXT. 3500 • TTY: (866) 808-4851 • FAX: (617) 666-9682
WWW.SOMERVILLEMA.GOV

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
Please PRINT legibly

Applicant information:

name: Service Auto Body

address: 69 Webster Ave

city Somerville state: Ma zip: 02143 phone # 617 6666181

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.) ☐ Other

☒ I am an employer with 12 employees (full & part time).

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

company name: Arwani

address: PO Box 1528

city: Springfield Ma phone #: 800 688 7256

insurance co. policy # WC003019-11

☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation polices:

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.

X Signature Melvin A. Siegel Date

Print name Melvin Siegel Phone # 617 6666181

official use only do not write in this area to be completed by city or town official

city or town: permit/license #

☐ Building Department
☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other

☐ check if immediate response is required

contact person: phone #:

(revised Sept. 2003)