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 no 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: Gov't vidual: \_\_\_ Co: X Corp: \_ Trust: \_\_ Agency
Owner Name: MELVIN H SIEGEL/LAWRENCE L. SIEGEL \_\_\_Ship \_\_\_Other \_\_\_ TEL: <u>617-666-</u>8181 Individual: \_\_ Agency \_\_ Owner Address: 34 SADDLE CLUB ROAD Owner City: LEXINGTON FID#: 042319664 State: MA Zip: <u>02420</u> 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 Very truly yours, SUNDAY: CLOSED 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. This renewal certificate must be signed by the holder of the license. Check One; Owner Occupant \_\_\_\_ Holder \_ Only Office Applicant Signature Mailed Taken Received: /1-8-2012 Address

City

State

Zip

CK 22912

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 <u>fill out the six boxes below</u> with the correct information, so we can update our records, and <u>return all of pages with your fee</u> 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 DIRIA	Was
Somerville Address and Zip Code: (09 Webster Aul Somorville)	Maco
Phone Number of the Business: Cet 7 (oldo 818)	
	/
The Legal Name of the License Holder: Melvin H. Siege Hawereng L. Siege	/
Street Address of the License Holder: 34 Saddle (Lub Rd	
City, State and Zip Code of the License Holder: Loxing fen Ma 02420	
Phone Number of the License Holder: 617 CV6 S181	
Email Address of the License Holder:	
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
Where We Should Send Mail: Name: Webster Auto Book	
Street Address: 69 Webster AUL	
City, State and Zip Code: Somorvill Mu 02143	
Email:	
Phone Number: Col7 (alolo 818)	
Federal ID # (Do Not Give a Social Security #): 042-31966	<u>,</u> ,
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)	
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License Holder Signature

## 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.

\* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

\*\* 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

CERTIFICATE
Exact name of taxpayer/applicant's business: Service Rute Bools
Address of taxpayer/applicant's business in Somerville: 69 Webster Aug. Saneu W. M.
Address of taxpayer/applicant's home in Somerville:
Taxpayer/applicant's phone: day: (e17(delo 818) evening:
I, (print name) , 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 Ome link Sierol (Taxpayer's signature)
CITY'S ACKNOWLEDGEMENT
DATE OF ISSUANCE: INCLUDES RELEVANT POSTINGS THROUGH:
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:
Real Estate  # 1583 # # 139 # # Other:
NOTES:  CLERK'S INITIALS:  ORIGINAL STAMP:
A VENUE • SOMERVILLE MASSACHUSETTS 02143

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

Workers' Compensation Insurance American
Applicant information:
name: Service Auter Books
109 100bster the
city XYEVOIDO
work site location (full address):  I am a sole proprietor and have no one  Business Type:  Retail  Restaurant/Bar/Eating Establishment  Office  Sales (including Real Estate, Autos etc.)
working in any capacity.
Working in any capacity.  I am an employer with 12 employees (full & part time). Other
I am an employer with 100 cmployees (200 ) I am an employeer providing workers' compensation for my employees working on this job.
company name: Award
address: POBCX 1528  phone #: 800 688 725 6
city: Springfield Ma phone #: 800 43 019-11
insurance co.  Listed below who have the following workers'
insurance co.  I am a sole proprietor and have hired the independent contractors listed below who have the following workers'
compensation polices:
。 1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,19
company name:
address:
phone #:
phone #:  policy #
city:
phone #:  policy #
phone #:  policy #
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city:  phone #:  policy #  company name:  address:  phone #:
city:  phone #:  policy #  company name:  address:  phone #:  phone #:  policy #
city:  phone #:  policy #  company name:  address:  phone #:  city:  policy #  insurance co.  phone #:  policy #  insurance co.  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 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 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 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 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 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 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 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 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 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 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 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 failure to secure coverage as required under Section 25A of MGL 152 can lead to the i
city:  phone #:  policy #  company name:  address:  phone #:  city:  policy #  insurance co.  phone #:  policy #  insurance co.  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 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 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 fone 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.
city:  phone #:  policy #  company name:  address:  phone #:  policy #  city:  policy #  insurance co.  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 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 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 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 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 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 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 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 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 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 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 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 Failure to secure coverage as required to the Office of Investigation of the Investigation of the Invest
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city:    policy #
city:  phone #:  policy #  company name:  address:  phone #:  phone #:  city:  policy #  insurance co.  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 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 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 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 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 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 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 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 Failure to secure coverage verification.  Lide Many and the pain and penalties of a fine up to \$1,500.00 and/or Failure to secure coverage verification.  Phone #:  Date Print name Phone # Glide All Plane
city:  policy #  insurance co.  company name:  address:  phone #:  policy #  insurance co.  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 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 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 Failure to secure coverage as required under Satop 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  Print name  Date  Phone #  Date  Phone #  Date    Phone #    Date   Determinal Department
city:  policy #  company name:  address:  phone #:  policy #  city:  policy #  city:  policy #  insurance co.  phone #:  policy #  insurance co.  Attach additional sheet if necessary.  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 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 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 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 Failure to secure coverage verification.  Copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.  Judget Homestment as well as civil penalties of perjury that the information provided above is true and correct.  Signature  Print name  Official use only  do not write in this area to be completed by city or town official  permit/license #    Date