



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

APPLICATION TO RENEW GARAGE LICENSE

CHICKEN & SHAKES AUTOMOTIVE
6 BEACH AVE
SOMERVILLE, MA 02143

License #: 583

City #G207

Fee: 550.00

Account ID: 471

Reference #: 583

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: CHICKEN & SHAKES AUTOMOTIVE Business Location: 6 BEACH AVE Business Phone: 617-628-6622	
License Holder: CHICKEN & SHAKES AUTOMOTIVE 6 BEACH AVE SOMERVILLE, MA 02143 617-628-6622	
Mailing Address: CHICKEN & SHAKES AUTOMOTIVE 6 BEACH AVE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - ERIC SHAKES SECRETARY - ERIC SHAKES TREASURER - EVERTON GAYLE	
FID: 043407273	
Food Manager/Emergency Contact: ERIC SHAKES 857-251-7635	

2014 APR -4 A 9:44
CITY CLERK'S OFFICE
SOMERVILLE, MA

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 | 8 VEHICLES INSIDE |
| 1 MECHANICAL REPAIRS | |
| 1 SPRAY PAINTING | |

Description of Location and/or Other Conditions:

Originally Issued 2/26/1998, Beach Ave To Be Maintained As An Open Passageway. 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: *Eric Shakes*

Date

4-4-14

Print Name: ERIC SHAKES

Phone

857 251 7635



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: CHICKEN & SHAKES Auto

Address of taxpayer/applicant's business in Somerville: 6 BEACH AV

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

Taxpayer/applicant's phone: day: 617 628-6622 evening: 857-251 7635

I, (print name) ERIC SHAKES, 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

04. 04. 20 14 [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: _____

914 # 12405021 # _____ # _____

NOTES:

CLERK'S INITIALS: JK

ORIGINAL STAMP: 

RECEIVED
4-4-14

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: Chicken & SHAKES Automotive
Address: 6 BEACH AV
City: SOMERVILLE State: MAS Zip: 02143 Phone #: 617 628 6622

- | | |
|--|--|
| <input type="checkbox"/> I am an employer with <u>6</u> employees (full and/or part time). | Business Type: <input type="checkbox"/> Retail
<input type="checkbox"/> Restaurant/Bar/Eating Establishment
<input type="checkbox"/> Office and/or Sales (real estate, auto, etc.)
<input type="checkbox"/> Nonprofit
<input type="checkbox"/> Entertainment
<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Health Care
<input type="checkbox"/> Other _____ |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | |
| | |

Workers' compensation insurance information (if applicable):

Insurance Company Name: UTICA NATIONAL INS group
Address: PO BOX 6532
City: UTICA State: NY Zip: 13504 Phone #: 1 800 598 8422
Policy #: 4627884 Expiration Date: 3.15.15

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: [Signature] Date: 4-4-14

Print Name: ERIC SHAKES

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
		<input type="checkbox"/> Other _____
Contact Person: _____	Phone #: _____	