



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

2014 MAY -8 A 11:03

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**APPLICATION TO RENEW GARAGE LICENSE**

**JIM'S HEAVY DUTY SERVICE  
42 JOY ST  
SOMERVILLE, MA 02143**

License #: **646**  
City # **G159**  
Fee: **550.00**  
Account ID: **532**  
Reference #: **646**

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: <b>JIM'S HEAVY DUTY SERVICE</b> Business Location: <b>42 JOY ST</b> Business Phone: <b>617-629-7700</b>	
License Holder: <b>JIM'S HEAVY DUTY SERVICE</b> <b>42 JOY ST</b> <b>SOMERVILLE, MA 02143</b> <b>617-629-7700</b>	
Mailing Address: <b>JIM'S HEAVY DUTY SERVICE</b> <b>42 JOY ST</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - JAMES LINARDY</b> <b>SECRETARY - JAMES LINARDY</b> <b>TREASURER - JAMES LINARDY</b>	
FID: <b>043332677</b>	
Food Manager/Emergency Contact: <b>JAMES LINARDY</b> <b>781-727-5858</b>	

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-12PM**

**OPEN TO THE PUBLIC**

- 1 MECHANICAL REPAIRS
- 7 VEHICLES INSIDE
- VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

**Originally Issued 2/14/1991. 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: James Linardy Date: 5.8.14  
 Print Name: James Linardy Phone: 617-629-7700

**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: Jim's Heavy Duty Service  
 Address: 42 Boy St  
 City: Somerville State: MA Zip: 02143 Phone #: 617-629-7000

- 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 Truck Wash

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: A.I. Mutual  
 Address: 54 Throd Ave  
 City: Burlington State: MA Zip: 01803 Phone #: 781-881-1600  
 Policy #: WCC 50050110012014A Expiration Date: 5.4.2015

**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: 5-8-14  
 Print Name: JAMES LINDY

**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 \_\_\_\_\_

not his  
tickets  
JDP



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Jim's Heavy Duty Service

Address of taxpayer/applicant's business in Somerville: 42 Joy Street

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-689-7700 evening: 781-727-5858

I, (print name) James Linardy, 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 8 day of May, 2014. [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: \_\_\_\_\_

# M/A      # 145023001      # 132      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:  **RECEIVED**  
5/8/14