



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

APPLICATION TO RENEW GARAGE LICENSE

WEBSTER AUTO BODY CO./M.H. SIEGEL, L.L.
64 WEBSTER AVE
SOMERVILLE, MA 02143

License #: **780**
City # **G182**
Fee: **550.00**
Account ID: **662**
Reference #: **780**

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: WEBSTER AUTO BODY Business Location: 64 WEBSTER AVE Business Phone: 617-666-8181	
License Holder: WEBSTER AUTO BODY CO./M.H. SIEGEL, L.L. 64 WEBSTER AVE SOMERVILLE, MA 02143 617-666-8181	
Mailing Address: WEBSTER AUTO BODY CO./M.H. SIEGEL, L.L. 64 WEBSTER AVE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC)	
FID: 042319664	
Food Manager/Emergency Contact:	

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
- 1 STORING VEHICLES
- 25 VEHICLES INSIDE

Description of Location and/or Other Conditions:

Originally Issued 12/9/1993, Petitioner Must Clean And Maintain Lot Abutting Beach Street Directly Across The Street. No Storing/Repairing Vehicles On Norfolk, Webster Or Columbia Streets. 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: William Siegel Date 6-24-14

Print Name: William Siegel Phone 617-666-8181



William Francis Galvin
Secretary of the Commonwealth of Massachusetts



Corporations Division

Business Entity Summary

[Request certifi](#)

[New search](#)

Summary for: SERVICE AUTO BODY, INC.

The exact name of the Domestic Profit Corporation: SERVICE AUTO BODY, INC.		
Entity type: Domestic Profit Corporation		
Identification Number: 042319664		
Date of Organization in Massachusetts: 02-27-1964		
Last date certain:		
Current Fiscal Month/Day: 09/30		Previous Fiscal Month/Day: 00/00
The location of the Principal Office:		
Address: 64 WEBSTER AVE		
City or town, State, Zip code, SOMERVILLE, MA 02143 USA		
Country:		
The name and address of the Registered Agent:		
Name: MELVIN SIEGEL		
Address: 64 WEBSTER AVE.		
City or town, State, Zip code, SOMERVILLE, MA 02143 USA		
Country:		
The Officers and Directors of the Corporation:		
Title	Individual Name	Address
PRESIDENT	MELVIN SIEGEL	34 SADDLE CLUB RD LEXINGTON, MA 02420 USA
TREASURER	WILLIAM SIEGEL	5 SILVER MINE RD WOBURN, MA 01801 USA
SECRETARY	JEROLD SIEGEL	4 GATEHOUSE LANE WILMINGTON, MA 01887 USA
DIRECTOR	WILLIAM SIEGEL	5 SILVER MINE RD WOBURN, MA 01801 USA
DIRECTOR	JEROLD SIEGEL	4 GATEHOUSE LANE WILMINGTON, MA 01887 USA
DIRECTOR	MELVIN SIEGEL	



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Webster Auto Body, Inc

Address of taxpayer/applicant's business in Somerville: 64 Webster Ave Somerville

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

Taxpayer/applicant's phone: day: 617 666-8181 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 6-19-14 day of William Siegel, 2014. William 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: _____

N/A # N/A # 1323 # _____

NOTES:

CLERK'S INITIALS: CS

ORIGINAL STAMP: 

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: Service Auto Body Inc

Name: 69 Websterz Ave.

Address: Somerville

City: Ma State: MA Zip: 02143 Phone #: 617 666 8181

- I am an employer with 12 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 automotive repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: Automotive Industries Compensation Corp

Address: PO Box 1528

City: Springfield State: Ma Zip: 01101 Phone #: 800688 7255

Policy #: WC 003019-11 Expiration Date: 12-31-14

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: Terold A. Siegel Date: 6-19-14

Print Name: Terold A. Siegel

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 _____

(revised Jan. 2008)