



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

APPLICATION TO RENEW GARAGE LICENSE

MAC'S AUTO BODY CORP.
53 RUSSELL ST
SOMERVILLE, MA 02144

License #: **748**
 City # **G83**
 Fee: **550.00**
 Account ID: **631**
 Reference #: **748**

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: For MAC'S AUTO BODY, INC. Business Location: 53 RUSSELL ST Business Phone: 617-776-1166	<i>mac's Auto Body Corp</i>
License Holder: MAC'S AUTO BODY CORP. 53 RUSSELL ST SOMERVILLE, MA 02144 617-776-1166	
Mailing Address: MAC'S AUTO BODY CORP. SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) SECRETARY - DAVID MEDEIROS TREASURER - DAVID MEDEIROS	
FID: 454590544	
Food Manager/Emergency Contact: DAVID MEDEIROS 781-391-4591	

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 | 1 STORING VEHICLES | 8 VEHICLES OUTSIDE |
| 1 MECHANICAL REPAIRS | 18 VEHICLES | |
| 1 SPRAY PAINTING | 10 VEHICLES INSIDE | |

Description of Location and/or Other Conditions:

Originally Issued 8/28/1975. 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: *David C Medeiros* Date: 4/11/13

Print Name: David C Medeiros Phone: 617-776-1166

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: Mac's Auto Body Corp

Name: David Medeiros

Address: 53 Russell St

City: Somerville State: MA Zip: 02144 Phone #: 617-776-1166

- ☒ I am an employer with 7 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 Auto Body/ Collision Repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: Travelers

Address: 150 Wells Ave

City: Newton State: MA Zip: 02459 Phone #: 800-252-2268

Policy #: 4B899865 Expiration Date: 5/08/13-5/08/14

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: David C Medeiros Date: 4/11/13

Print Name: David C Medeiros

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

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

Address of taxpayer/applicant's business in Somerville: 53 Russell St Somerville MA
02144

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

Taxpayer/applicant's phone: day: 617-776-1166 evening: 617-319-0766

I, (print name) David Medeiros, 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____. David Medeiros
(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: _____

13230 # 32104601 # 980 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

RECEIVED
UBanal
4-11-13