



**CITY OF SOMERVILLE**  
Commonwealth of Massachusetts  
93 Highland Avenue  
Somerville, MA 02143  
(617) 625-6600

**Application to Renew Garage License**

**FELLSWAY AUTO REPAIR CO.**  
**693 MCGRATH HWY**  
**SOMERVILLE MA 02145**

**License #:** BL15-000730  
**File #:** 15-613  
**Fee:** 550

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)
<b>Business/DBA Name:</b> FELLSWAY AUTO REPAIR CO. <b>Business Location:</b> 693 MCGRATH HWY <b>Business Phone:</b> 617-628-0806	
<b>License Holder:</b> FELLSWAY AUTO REPAIR CO. 693 MCGRATH HWY SOMERVILLE MA 02145	
<b>Mailing Address:</b> FELLSWAY AUTO REPAIR CO. 693 MCGRATH HWY SOMERVILLE MA 02145	
<b>Business Type:</b> Corporation JAMES TIVINIS JAMES TIVINIS JAMES TIVINIS	
<b>FID:</b> 043415996	
<b>Emergency Contact:</b> JAMES TIVINIS <b>Phone:</b> 978-304-1029	
<b>Proposed Hours of Operation if outside standard hours:</b> MO-FR 7AM-6PM, SA 8AM-1PM <b># of Vehicles Kept Inside:</b> 5 <b># of Vehicles Kept Outside:</b> 0 <b>Open to the public?</b> Yes <b>Mechanical repairs?</b> Yes <b>Autobody work?</b> Yes <b>Spray Painting?</b> No <b>Washing vehicles?</b> No <b>Charging money to store vehicles?</b> No <b>Storing unregistered vehicles?</b> No <b>Maintaining or operating a tow vehicle at this location?</b> No	10

2015 APR 29 A 11:51  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Fellswoy Auto Repair, CO

Address of taxpayer/applicant's business in Somerville: 693 McGrath Hwy

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

Taxpayer/applicant's phone: day: 617 628 0806 evening: 617 846-0925

I, (print name) James JIUVINS, 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 27 day of April, 20 15.  
[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: \_\_\_\_\_

# 9886 # 144004001 # \_\_\_\_\_ # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:  Barrows  
4-29-15

**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**600 Washington Street**  
**Boston, Mass. 02111**

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:**

Name: Felkway Auto Repair, CO -  
Address: 643 McGrath Hwy  
City: Somerville State: MA Zip: 02145 Phone #: 617 628-0806

- ☒ I am an employer with 4 employees (full and/or part time). Business Type: ☐ Retail  
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment  
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)  
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit  
☐ Entertainment  
☐ Manufacturing  
☐ Health Care  
☒ Other Auto Repair Shop.

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

Insurance Company Name: Foremost Insurance CO.  
Address: Box 2847  
City: Grand Rapids State: MI Zip: 49501 Phone #: \_\_\_\_\_  
Policy #: WC-04576023 04 Expiration Date: 12-6-15.

**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: 4-27-15

Print Name: James TIVINIS

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