



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

APPLICATION TO RENEW GARAGE LICENSE

**CANDIDO, GEOMARES
GE AUTO REPAIR, INC.
623 SOMERVILLE AVE
SOMERVILLE, MA 02143**

License #: 761
City #G250
Fee: 550.00
Account ID: 644
Reference #: 761

* 7007

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 GE AUTO REPAIR, INC. Business Location: 631 SOMERVILLE AVE Business Phone: 781-831-1034	
License Holder: GE AUTO REPAIR, INC. 631 SOMERVILLE AVE SOMERVILLE, MA 02143 781-831-1034	
Mailing Address: CANDIDO, GEOMARES 623 SOMERVILLE AVE SOMERVILLE, MA 02143	631 SOMERVILLE AVE
Business Type: CORPORATION (INC. LLC) PRESIDENT - GEOMARES CANDIDO SECRETARY - GEOMARES CANDIDO	TREASURER:
FID: 272503627	
Food Manager/Emergency Contact: GEOMARES CANDIDO 781-426-1256	

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
- 14 VEHICLES

14 VEHICLES INSIDE

Description of Location and/or Other Conditions:

Originally Issued 2/8/2007. 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: Geomares Candido

Date: 04-01-13

Print Name: GEOMARES CANDIDO

Phone: 781-831-1034

CITY CLERK'S OFFICE
SOMERVILLE, MA
2013 APR - 1 P 3:03

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: GEOMARES CANDIDO
Address: 623 SOMERVILLE AVE
City: SOMERVILLE State: MA Zip: 02143 Phone #: 781 831 1034

- ☒ I am an employer with 0 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: THE TRAVELERS INSURANCE COMPANIES
Address: P.O. Box 140
City: MIDDLEBORO State: MA Zip: 02341 Phone #: 888 661 39 38
Policy #: I HUB-781 0785-9-13 Expiration Date: 04-05-14

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: Geomares Candido Date: 04-01-13
Print Name: GEOMARES CANDIDO

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: GE AUTO REPAIR INC
Address of taxpayer/applicant's business in Somerville: 631 SOMERVILLE AVE
Address of taxpayer/applicant's home in Somerville: 623 SOMERVILLE AVE
Taxpayer/applicant's phone: day: 781 831 1034 evening: SAME

I, (print name) GEOMARES CANDIDO 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____. Geomares Candido
(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: _____

13776 # 241041011 # 1175 # _____

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:



RECEIVED
Barrow
4-1-13