

GARAGE LICENSE APPLICATION

Nonrefundable Application Fee \$550.00

Date 12/10/2014

2014 DEC 15 3:15

CITY CLERK'S OFFICE
SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

☒ New Application

For the storage of 22 vehicles inside

☐ Renewing Application with Additions or Changes

20 vehicles outside

☐ Renewing Application with NO Additions or Changes

Business (DBA) Name: Mercedes Benz of Boston Phone: 617-666-4100

Business Address (in Somerville): 19 Joy Street, Somerville, MA

Applicant's Federal Employer Identification Number: 061-335-996

Applicant's Legal Name: Herb Chambers I-93, Inc.

Mailing Name (who we should send correspondence to): _____

Mailing Address (with Zip Code): 259 McGrath Highway, Somerville, MA 02143

Emergency Contact: Jeff Davis Phone: 617-549-3813

Type of Business (Check Only One and Provide the Names Indicated):

☐ **Sole Proprietor:** Name of Owner: _____

☐ **Partnership (inc. LLP):** Name of Partnership: _____

Names of All Partners Who Own More Than 10%: _____

☐ **Trust:** Name of Trust: _____

Names of All Trustees Who Own More Than 10%: _____

☒ **Corporation:** Name of Corporation: Herb Chambers, I-93, Inc.

Name of President: Herb Chambers

Name of Secretary: James Duchesneau Name of Treasurer: Herb Chambers

☐ **LLC:** Name of LLC: _____

Names of All Managers Who Own More Than 10%: _____

☐ **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Business (DBA) Name: Mercedes Benz of Boston

- | | | |
|----|--|------------------------|
| 1. | Will you be open to the public at this location? | Y <u>X</u> N <u> </u> |
| 2. | Will you be doing mechanical repairs of vehicles at this location? | Y <u>X</u> N <u> </u> |
| 3. | Will you be doing autobody work on vehicles at this location? | Y <u> </u> N <u>X</u> |
| 4. | Will you be spray painting vehicles or parts at this location? | Y <u> </u> N <u>X</u> |
| 5. | Will you be washing vehicles at this location? | Y <u>X</u> N <u> </u> |
| 6. | Will you be charging money to park vehicles at this location? | Y <u> </u> N <u>X</u> |
| 7. | Will you be storing registered vehicles at this location? | Y <u>X</u> N <u> </u> |
| 8. | Will you be storing unregistered vehicles at this location? | Y <u>X</u> N <u> </u> |
| 9. | Will you be operating a tow vehicle at this location? | Y <u> </u> N <u>X</u> |

Have you ever obtained a garage license before? Y X N

If yes, list year, city and state _____

Have you ever been denied a garage license? Y N X

If yes, list year, city and state Somerville, renewed 2014

Have you ever had a garage license revoked or suspended? Y__ N X

If yes, list year, city and state _____

I request permission to store ____ vehicles inside the building, and ____ vehicles on the parking lot.

Attach a scaled site plan drawing of your property, showing exactly where you will store each of the vehicles you wish to park on the premises. Include a plan for both the inside of the building and the outside parking lot. Include the dimensions for each space.

The hours of operation for garages are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on April 30, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Signature of Applicant: [Signature] Date: 12/10/2014

Business Name: Mercedes Benz of Boston

Business Address: 259 McGrath Hwy, Somerville, MA

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a FA Zone.

- ☐ The use is permitted as of right
☐ The use requires a special permit
☐ The use is prohibited

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the State Building Code. (NOTE: This statement is NOT a certificate of occupancy, nor does it replace the requirement for a certificate of occupancy.)

Maximum number of motor vehicles to be kept on the premises: 22 inside
20 # PER ALBANGEST outside *JSL

Signature: [Signature] Date: 12-11-14

Print Name: Leo Krasopetsky Title: BLDG Insp

FIRE PREVENTION BUREAU RECOMMENDATION

I have inspected the premises mentioned above and based on my inspection:

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the Fire Safety Code. (NOTE: This statement is NOT a storage of flammables permit, nor does it replace the requirement for a storage of flammables permit.)

- ☐ A 148 sec. 13 License is required
☒ A 148 sec. 13 License is NOT required

Signature: Lt R. MacLaughlan Date: 12/12/14

Print Name: ROBERT MACLAUGHLAN Title: LIEUTENANT



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Harb Chambers

Address of taxpayer/applicant's business in Somerville: 19 Joy Street

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

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) _____, 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____. _____
(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: _____
9208 # 14508011 # _____ # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:



RECEIVED
URBans
12-15-14

*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: Herb Chambers I-93, Inc.

Address: 259 McGrath Highway

City: Somerville State: MA Zip: 02149 Phone #: 617-666-4100

- ☒ I am an employer with 100 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: US I New England Travelers Ins.

Address: P.O. Box 1450

City: Middleboro State: MA Zip: 02344 Phone #: 800-832-7839

Policy #: _____ Expiration Date: _____

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: _____ Date: _____

Print Name: Herbert G. Chambers

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 _____

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: Herb Chambers I-93 Inc
Address: 259 McAbrath Highway
City: Somerville State: MA Zip: 02149 Phone #: 617 666 4100

- ☒ I am an employer with 102 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: USI New England Travelers Inc
Address: PO Box 1450
City: Middleboro State: MA Zip: 02346 Phone #: 800-832-7439
Policy #: TC2KURID1254913 Expiration Date: 9/30/14

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: [Signature] Date: 3/20/14
Print Name: Herbert G Chambers

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

License #: 643
City #G161
Docket #6987
Account ID: 529
Reference #: 643

GARAGE

TAURO REALTY TRUST
161 LINWOOD ST
PO BOX 153
SOMERVILLE, MA 02143

License Expires: 04/30/2015

This is to certify that **PAT'S AUTO BODY, INC., dba PAT'S AUTO BODY, INC.,**

has been granted a/an **GARAGE** license in the City of Somerville, **ONLY** at the following address: **19 JOY ST.**

This license is issued subject to the provisions of the General Laws of the Commonwealth, all ordinances of the City, and all regulations or conditions of the **BOARD OF ALDERMEN**, including but not limited to any specific conditions listed below.

License Information:

Originally Issued 6/20/1991, No Spray Painting.

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**
OPEN TO THE PUBLIC

Food Manager / Emergency Contact: **DAVID TAURO 617-293-2010**

1 AUTO BODY WORK
1 MECHANICAL REPAIRS
1 STORING VEHICLES

1 OPERATING TOW VEHICLES
22 VEHICLES INSIDE
20 VEHICLES OUTSIDE

1 WASHING VEHICLES

Attest for the **BOARD OF ALDERMEN**:

John J Long

This license is **NOT** Transferable, and no changes may be made to this license without the approval of the **BOARD OF ALDERMEN**.
This license must be posted in a conspicuous place on the premises.