



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

617-666-8181
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2016 MAR 23 A 11:31

Application to Renew Garage License

CITY CLERK'S OFFICE
SOMERVILLE, MA

SERVICE AUTO BODY, INC.
64 WEBSTER AVE
SOMERVILLE MA 02143

License #: BL15-000781
File #: 15-663
Fee: 605

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: 69 WEBSTER AVE Business Phone: 617-666-8181	
License Holder: SERVICE AUTO BODY, INC. 64 WEBSTER AVE SOMERVILLE MA 02143	
Mailing Address: SERVICE AUTO BODY, INC. 64 WEBSTER AVE SOMERVILLE MA 02143	
Business Type: Corporation JEROLD SIEGAL WILLIAM SIEGAL JEROLD SIEGAL	
FID: 042319664	
Emergency Contact: WILLIAM SIEGAL Phone: 617-666-8181	
Proposed Hours of Operation if outside standard hours: MO-FR 8AM-6PM, SA 8AM-2PM # of Vehicles Kept Inside: 11 # of Vehicles Kept Outside: 0 Open to the public? Yes Mechanical repairs? No Autobody work? Yes Spray Painting? Yes Washing vehicles? Yes Charging money to store vehicles? No Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	

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.



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

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

Address of taxpayer/applicant's business in Somerville: 609 Webster Ave

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

Taxpayer/applicant's phone: day: 617 666 8181 evening: 617 594 9773

I, (print name) Jerald Stapel, 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 25 day of February, 20 16.
(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: _____

16187 # 124072001 # 1290 # _____

NOTES:

CLERK'S INITIALS: UB ORIGINAL STAMP:

received
UBaraw

3-32-16

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: Service Auto Body Inc
Address: 69 Webster Ave
City: Somerville 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Automotive Industries Compensation Corporation
Address: PO Box 1528
City: Springfield State: Ma Zip: 01101 Phone #: 800 688 7256
Policy #: WC 003019-16 Expiration Date: 12-1-16

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: 2-25-16
Print Name: Jerald Siege

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 _____