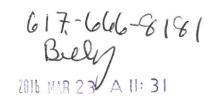


CITY OF SOMERVILLE

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



Application to Renew Garage License UMERVILLE, 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. <u>If you have workers compensation insurance</u>, attach proof showing the <u>insurer and policy number</u>. 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 standared 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/app	plicant's business:	Service Aute Ba	Les Inc
Address of taxpayer/application	ant's business in Some	erville: 69 (Debster	Aue
Address of taxpayer/applicant's home in Somerville:			
Taxpayer/applicant's phone	e: day: <u>67 [de68]</u>	81 evening: <u>61759</u>	49773
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			
tebruary	, 20_1\\(\varphi\).	(Taxpayer's signatur	re)
CITY'S ACKNOWLEDGEMENT			
DATE OF ISSUANCE: _	INCLU	DES RELEVANT POSTINGS THROUGH:	
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:			
☐ Real Estate	□Water/Sewer	☐ Personal Property	☐ Other:
#16187	# 12467200	1 # 1290	#
NOTES:			
CLERK'S INITIALS:	US_	ORIGINAL STAMP:	9

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 Aul			
City: Semon W State: Ma Zip: 0143 Phone #: 617 666 8181			
I am an employer withemployees			
Workers' compensation insurance information (if applicable):			
Insurance Company Name: Automotive Industries Compensation Corporation			
Address: VO Box 1508			
City: Springfield State: Ma zip: 0110/ Phone #: 860 (088 7254)			
Policy#: (1) C 0030 19 - 1 \(\text{Expiration Date: } 12 - 1 - 1 \(\text{V} \)			
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: Derold Stege			
Official use only. Do not write in this area. To be completed by city or town official.			
City or Town: Permit/License #: Board of Health Building Department City/Town Clerk Licensing Board			
Contact Person: Phone #: Other			

(revised Jan. 2008)