



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

2013 MAR 27 P 2:50
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

APPLICATION TO RENEW FLAMMABLES LICENSE

**GE & M AUTO SERVICE
ALEWIFE AUTOMOTIVE
395 ALEWIFE BROOK PKWY
SOMERVILLE, MA 02144**

License #: **880**
 City #F5
 Fee: **550.00**
 Account ID: **25**
 Reference #: **880**

#7010

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 ALEWIFE AUTOMOTIVE Business Location: 395 ALEWIFE BROOK PKWY Business Phone: 617-623-9615	
License Holder: GE & M AUTO SERVICE ALEWIFE AUTOMOTIVE 395 ALEWIFE BROOK PKWY SOMERVILLE, MA 02144 617-623-9615	
Mailing Address: GE & M AUTO SERVICE 395 ALEWIFE BROOK PKWY SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) PRESIDENT - ELIAS MIKHAEL SECRETARY - ELIAS MIKHAEL	
FID: 043564703	
Food Manager/Emergency Contact: GEORGE MIKHAEL 617-372-0648	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-SU 5 AM - MIDNIGHT**

Description of Location and/or Other Conditions:

Originally Issued 11/14/1929, Amended 12/20/56, 9/13/90, 2/14/91. 30,000 Gals. Gasoline. 1,000 Gals. Fuel Oil. 1,000 Gals. Waste Oil. 550 Gals. Motor Oil. 400 Gals. Anti-Freeze.

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 3-27-13

Print Name: George Mikhael Phone 617-623-9615

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: Alexis Adamovics
Address: 395 Alexis ~~Automotive~~ Brook Parkway Somerville, Ma. 02144
City: 02144 State: Ma. Zip: 02144 Phone #: 617-623-9615
 I am an employer with 5 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: Ma. Retail Merchants WC Group Inc.
Address: P.O. Box 859222-9222
City: Braintree State: Ma. Zip: 02185 Phone #: 1800-790-8877
Policy #: 014005032305113. Expiration Date: 3-1-14

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: 3-27-13.

Print Name: George Mikhail

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: Elias Mikhail

Address of taxpayer/applicant's business in Somerville: 395 Alewife Brook Parkway

Address of taxpayer/applicant's home in Somerville: None

Taxpayer/applicant's phone: day: 617-623-9615 evening: 617-372-0648

I, (print name) Elias Mikhail, 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 27th day of March, 2013.
E. Mikhail
(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: _____

19655121 # 346051001 # 14 # _____

NOTES: 386

CLERK'S INITIALS: u

ORIGINAL STAMP:

RECEIVED
9-27-13