

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

LUIS E. LEINS
65 1/2 BOW STREET
SOMERVILLE MA 02143

LIC #: 2011-013
B.O.A.# 166658

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X / Auto Body Work: Parking or Storing Vehicles:
Washing Vehicles: Spray Painting: Operating a Tow Vehicle:

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
This Certificate must be signed and filed with the required fee of \$500.00 not later than April 30, 2011. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current records below. Please print or type your information, except for signature.

Company Name: LEINS AUTO REPAIRS TEL: 617-623-9000
Company Address: 00065 BOW ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: Co: Corp: X Trust: Agency Gov't Partner
Ship Other
Owner Name: LUIS E. LEINS TEL: 617-623-9000
Owner Address: 65 1/2 BOW STREET

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 542080683

This renewal is being sent to you as a courtesy, please file on time. If this renewal is not returned to City Clerk's office by 04/30/2011, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2011-013
FEE: \$500.00

This is to certify: LUIS E. LEINS
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 02/13/1919

Garage situated at: 00065 BOW ST

Doing business as : LEINS AUTO REPAIRS

Shall not exceed: 2 Vehicles Inside & 8 Vehicles Outside, not on public ways
in addition the following restrictions apply:

This renewal certificate must be signed by the holder of the license
Check One: Owner Occupant Holder

Signature of Applicant

65 1/2 Bow ST

Address

Somerville MA 02143
City State Zip

** Office Use Only **

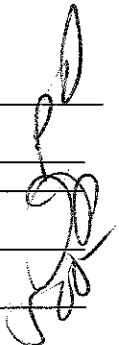
Mail
Taken

Received: _____

City Clerk

CITY CLERK'S OFFICE
SOMERVILLE, MA

2011 APR 20 A 11:10





City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: Leins Auto Repair Inc.
2. Address of taxpayer/applicant's business in Somerville: 65 1/2 Bow St. (69-71 Bow St)
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: 617-623-9000 evening: 617-669-2198

I, Luis Leins, 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 20th day of April, 20 11. _____
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

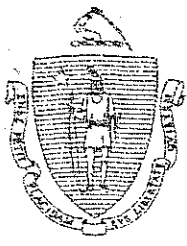
- | | | | |
|--------------------------------------|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Water/Sewer | <input type="checkbox"/> Personal Property | <input type="checkbox"/> Other: _____ |
| # <u>16537083</u> | # <u>232058001</u> | # <u>30052446</u> | # _____ |

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

RECEIVED
4/7/2011



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street, 7th Floor
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: Leins Auto Repair INC.
 address: 65 1/2 Bow St
 city: Somerville state: MA zip: 02143 phone # 617-623-9000

work site location (full address):
 I am a sole proprietor and have no one working in any capacity. Business Type: Retail Restaurant/Bar/Eating Establishment
 Office Sales (including Real Estate, Autos etc.)
 I am an employer with _____ employees (full & part time). Other _____
 I am an employer providing workers' compensation for my employees working on this job.

company name: Leins Auto Repair INC
 address: 65 1/2 Bow St
 city: SOMERVILLE MA 02143 phone #: 617-623-9000
 insurance co. Utica National Insurance Group policy # 4265993

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: _____
 address: _____
 city: _____ phone #: _____
 insurance co.: _____ policy #: _____

company name: _____
 address: _____
 city: _____ phone #: _____
 insurance co.: _____ policy #: _____

Attach additional sheets if necessary.
 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 year's 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 4-20-11
 Print name Luis Leins Phone # 617-623-9000

official use only do not write in this area to be completed by city or town official
 city or town: _____ permit/license # _____
 check if immediate response is required
 contact person: _____ phone #: _____
 Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____
 (revised Sept. 2003)

INFORMATION PAGE- RENEWAL

NCCI CO #15822

POLICY NUMBER	FROM	POLICY PERIOD TO	PRICH POLICY NO.	ISSUED BY
4265993	11/25/10	11/25/11	4265993	GRAPHIC ARTS MUTUAL INSURANCE CO.
THE INSURED AND MAILING ADDRESS			PRODUCER	
1. LEINS AUTO REPAIR, INC. 65 1/2 BOW STREET SOMERVILLE MA 02143			PRESCOTT & SON INS AGCY 963 EASTERN AVENUE MALDEN MA 02148 (781) 322-2350	
FEIN 542080683	RISK ID.	000173165		

OTHER WORKPLACES NOT SHOWN ABOVE: NONE
ENTITY OF INSURED - CORPORATION

2. POLICY PERIOD - 11/25/10 TO 11/25/11 12:01 AM STANDARD TIME AT THE INSURED'S MAILING ADDRESS.
- 3A. WORKERS COMPENSATION INSURANCE: PART ONE OF THE POLICY APPLIES TO THE WORKERS COMPENSATION LAW OF THE STATES LISTED HERE:
MA.
- 3B. EMPLOYERS LIABILITY INSURANCE: PART TWO OF THE POLICY APPLIES TO WORK IN EACH STATE LISTED IN ITEM 3A. THE LIMITS OF OUR LIABILITY UNDER PART TWO ARE:

BODILY INJURY BY ACCIDENT	\$500,000	EACH ACCIDENT
BODILY INJURY BY DISEASE	\$500,000	EACH EMPLOYEE
BODILY INJURY BY DISEASE	\$500,000	POLICY LIMIT
- 3C. OTHER STATES INSURANCE: PART THREE OF THE POLICY APPLIES TO THE STATES, IF ANY, LISTED HERE: ALL STATES EXCEPT: ND, OH, WA, WY AND STATES DESIGNATED IN ITEM 3A.
- 3D. SEE ATTACHED SCHEDULE FOR LIST OF ENDORSEMENTS FORMING PART OF THIS POLICY.
4. THE PREMIUM FOR THIS POLICY WILL BE DETERMINED BY OUR MANUALS OF RULES, CLASSIFICATIONS, RATES, AND RATING PLANS. ALL INFORMATION REQUIRED BELOW IS SUBJECT TO VERIFICATION AND CHANGE BY AUDIT.

ST LOC CODE TYP	CLASSIFICATIONS	PREM BASIS	RATE	EST
		REMUN	REMUN	PREMIUM
NO	SEE ATTACHED SCHEDULE			\$1,270
	MINIMUM PREMIUM \$265 (MA)		EXPENSE CONSTANT (MA)	\$338
	EMP LIAB MIN PREM \$50 (MA)			
			TOTAL ESTIMATED ANNUAL PREMIUM	\$1,608
			DEPOSIT PREMIUM	\$1,608

ADJUSTMENT OF PREMIUM SHALL BE MADE ANNUALLY.

COUNTERSIGNED THIS 12TH DAY OF OCTOBER, 2010
PREMIUM AMOUNT TO BE REFLECTED ON NEXT BILLING NOTICE
UNI-BILL NO. 100813251
DB- IC ISSUE DATE 10/12/10
WC 00 00 01A W 4265993 01


COMPANY OFFICER