



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

APPLICATION TO RENEW GARAGE LICENSE

A & E AUTO REPAIR, INC.
13 JOY ST
SOMERVILLE, MA 02143

License #: **645**
City # **G240**
Fee: **550.00**
Account ID: **531**
Reference #: **645**

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: A & E AUTO REPAIR, INC. Business Location: 13 JOY ST Business Phone: 617-666-0713	
License Holder: A & E AUTO REPAIR, INC. 13 JOY ST SOMERVILLE, MA 02143 617-666-0713	
Mailing Address: A & E AUTO REPAIR, INC. 13 JOY ST SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - ELIANE FERREIRA SECRETARY - ELIANE FERREIRA TREASURER - ELIANE FERREIRA	
FID: 274431119	
Food Manager/Emergency Contact: ELIANE FERREIRA 781-350-8881	

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

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

OPEN TO THE PUBLIC

- | | |
|-----------------------------|---------------------------|
| 1 MECHANICAL REPAIRS | 3 VEHICLES OUTSIDE |
| 1 STORING VEHICLES | |
| 6 VEHICLES INSIDE | |

Description of Location and/or Other Conditions:

Originally Issued 5/11/2006, No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

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

04/23/2014

Print Name: _____

Eliane Ferreira

Phone

781-350-8881



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: A and E Auto Repair, inc

Address of taxpayer/applicant's business in Somerville: 13 Joy st

Address of taxpayer/applicant's home in Somerville: 51 Tufts st

Taxpayer/applicant's phone: day: 781-350-8881 evening: 781-350-8881

I, (print name) Eliane Ferreira, 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 23 day of April, 2014. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

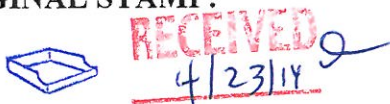
☒ Real Estate ☒ Water/Sewer ☒ Personal Property ☐ Other: _____

N/A # 145056611 # 730 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



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: A and E Auto Repair, inc
Address: 13 Jay St
City: Somerville State: MA Zip: 02143 Phone #: 617-666-0913

- ☒ I am an employer with 1 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 Auto Repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: The Travelers Insurance Company
Address: P.O. Box 1450
City: Middleboro State: MA Zip: 02344 Phone #: 508-946-6515
Policy #: IEVB-3B78946-9-14 Expiration Date: 04/09/2015

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: 04/23/2014
Print Name: Eliane Ferreira

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 _____