

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

MICHAEL L. PEDERSON
14 HICKORY HILL ROAD
WAKEFIELD

MA 01880

2010 JUL 19 P 3:05

LIC #: 2010-228
B.O.A.# 177023

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ☒ 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, 2010. 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: MIKE'S AUTOMOTIVE SERVICES, INC. TEL: 617-623-1009
Company Address: 00298 SOMERVILLE AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ☐ Co: ☐ Corp: ☒ Trust: ☐ Agency: ☐ Gov't Partner
Ship Other

Owner Name: MICHAEL L. PEDERSONTEL: 781-246-3753Owner Address: 14 HICKORY HILL ROADOwner City: WAKEFIELD State: MA Zip: 01880FID#: 043256775

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 04/30/2010, 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 #: 2010-228

FEE: \$500.00

This is to certify: MICHAEL L. PEDERSON
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 09/14/2004

Garage situated at: 00298 SOMERVILLE AVDoing business as : MIKE'S AUTOMOTIVE SERVICES, INC.

Shall not exceed: 10 Vehicles Inside & 10 Vehicles Outside, not on public ways
in addition the following restrictions apply:

HOURS OF OPERATION: MONDAY-FRIDAY 8:00AM-6:00PM, SAT. 8:00AM-3:00PM,
SUNDAY NO BUSINESS. SPRAY PAINT, AUTO BODY NOT ALLOWED. NO WASHING OF
VEHICLES OUTSIDE THE LICENSED PREMISES. NO TOWING AT NIGHT. FORMERLY OF
297 MEDFORD ST., SINCE 1990

AMENDED BOA #183622, 06/14/2007 NUMBER OF VEHICLES INSIDE AND OUTSIDE.

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

Signature of Applicant

Address

City

State

Zip

** Office Use Only **

Mailed

Taken ☒Received: 7/19/10-118\$500.00 ck# 2386

City Clerk

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Michael Z Pedersen
* Signature of Individual or Corporate Name (Mandatory)

Michael Z Pedersen President
By: Corporate Officer (Mandatory, if a corporation)

043 256 775
** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



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: Mike's Auto Service
2. Address of taxpayer/applicant's business in Somerville: 1 UNION SQ.
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: 617 623-1009 evening: 781-246-3753

I, _____, 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, 2010. Michael L. Peluso
(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: _____
12384064 # 12307700 # 30056450 # _____

NOTES:

CLERK'S INITIALS: UB ORIGINAL STAMP:

Received
[Signature]
7-19-10

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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Mike's Auto Service Inc
Address: 1 Union Sq.
City: Somerville State: MA Zip: 02143 Phone #: 617-623-1009

- ☐ I am an employer with _____ 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

EMPLOYERS INS. GROUP

Workers' compensation insurance information (if applicable):

Insurance Company Name: SAVERS PROPERTY + CASUALTY
Address: 281 MAIN ST Suite 7B
City: FITCHBURG State: MA Zip: 01420 Phone #: _____
Policy #: WC0002410 Expiration Date: _____

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: Michael Pedersen Date: 4-20-10
Print Name: MICHAEL Pedersen

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