



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

APPLICATION TO RENEW GARAGE LICENSE

AUTO MECHANIC SOUZA, INC.
308 MCGRATH HWY
SOMERVILLE, MA 02143

License #: **728**
City # **G268**
Fee: **550.00**
Account ID: **611**
Reference #: **728**

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 AUTO MECHANIC SOUZA, INC. Business Location: 308 MCGRATH HWY Business Phone: 617-628-5757	
License Holder: AUTO MECHANIC SOUZA, INC. 308 MCGRATH HWY SOMERVILLE, MA 02143 617-628-5757	
Mailing Address: AUTO MECHANIC SOUZA, INC. SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - WEIDER CABRAL DE SOUZA SECRETARY - WEIDER CABRAL DE SOUZA	
FID: 451199224	
Food Manager/Emergency Contact: WEIDER CABRAL DE SOUZA 617-447-5557	

2013 AUG -1 A 11:19
CITY CLERK'S OFFICE
SOMERVILLE MA

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 AUTO BODY WORK | 1 STORING VEHICLES | 12 VEHICLES INSIDE |
| 1 MECHANICAL REPAIRS | 1 OPERATING TOW VEHICLES | 3 VEHICLES OUTSIDE |
| 1 SPRAY PAINTING | 15 VEHICLES | |

Description of Location and/or Other Conditions:
Originally Issued 4/28/2011. No Washing 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

04/01-13

Print Name: _____

Weider Cabral de Souza

Phone

617 628 5757

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: Auto Mechanic Souza Inc.
Address: 308 McGrath Hwy
City: Somerville State: MA Zip: 02143 Phone #: 6176285757

- 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 Auto Service

Workers' compensation insurance information (if applicable):

Insurance Company Name: Guard Ins. Group
Address: PO Box 62479
City: Baltimore State: MD Zip: 21264 Phone #: _____
Policy #: AUWCH64535 Expiration Date: 07-18-14

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: 07-31-13
Print Name: Weider Cabral de Souza

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 _____



Bill To:
Auto Mechanic Souza Inc
308 McGrath Highway
Somerville, MA 02143

Workers' Compensation Insurance Premium Bill
For Policy Number AUWC464535 as of 7/18/2013

Policy Cost: \$ 2,654.00
Billing Fees: \$ 7.00
Total Payments: \$(530.80)
Account Balance: \$ 2,130.20

Policy Period: 07/18/2013 - 07/18/2014
Carrier: NorGUARD Insurance Company
Agent: MASSPAY INS SVCS LLC
978-774-4338

Policy Premium \$ 265.40
Installment Fee \$ 7.00
NEXT BILL DUE 08/18/2013 **\$ 272.40**

▶ Please see Important Messages on the back of this bill. ◀

Make your check payable to InterGUARD, Ltd. and remit with the coupon below.



Due Date: 08/18/2013
Account Number: 01212303464535 3
Current Amount Due: \$ 272.40
Total Amount Due: \$ 272.40

Amount Enclosed

Auto Mechanic Souza Inc
308 McGrath Highway
Somerville, MA 02143

GUARD Insurance Group
PO BOX 62479
BALTIMORE MD 21264-2479

Policy Number: AUWC464535

08182013 012123034645353 000272409 000272409 7



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Auto Mechanic Souza Inc.

Address of taxpayer/applicant's business in Somerville: 308 McGrath Hwy

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617 628 5757 evening: 617 447 5557

I, (print name) Weider C. de Souza 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 01 day of April, 2013. 45-1199224
(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: _____

9783 # 118022001 # 796 # _____

NOTES:

CLERK'S INITIALS: US

ORIGINAL STAMP:

8-1-13