

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

JAMES E. LINARDY
52 TAYLOR STREET
MALDEN

MA 02148

LIC #: 2012-159
B.O.A.# 179944

*** 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 \$550.00 not
later than April 30, 2012. 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: JIM'S HEAVY DUTY SERVICE TEL: 617-629-7700
Company Address: 00042 JOY ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual Co: Corp: X Trust: Agency Gov't Partner
Ship Other
Owner Name: JAMES E. LINARDY TEL: 781-322-5809
Owner Address: 52 TAYLOR STREET

Owner City: MALDEN State: MA Zip: 02148

FID#: 043332677

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 04/30/2012, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-12:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

LICENSE #: 2012-159
FEE: \$550.00

This is to certify: JAMES E. LINARDY
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 02/14/1991

Garage situated at: 00042 JOY ST
Doing business as : JIM'S HEAVY DUTY SERVICE
Shall not exceed: 7 Vehicles Inside
in addition the following restrictions apply:
NO SPRAY PAINTING OR AUTO BODY WORK.
SATISFACTORY ISD INSPECTION IN 45 DAYS.

2012 MAY 14 P 1:18
CITY CLERK'S OFFICE
SOMERVILLE, MA

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: _____

City Clerk

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: Jim's Heavy Duty Service
Somerville Address and Zip Code: 42 Joy St Somerville MA 02143
Phone Number of the Business: 617-629-7700

The Legal Name of the License Holder: James E Linardy
Street Address of the License Holder: _____
City, State and Zip Code of the License Holder: _____
Phone Number of the License Holder: _____
Email Address of the License Holder: JHDS@verizon.net

Where We Should Send Mail: Name: James Linardy
Street Address: 42 Joy Street
City, State and Zip Code: Somerville MA 02143
Email: JHDS@verizon.net
Phone Number: 617-629-7700

Federal ID # (Do Not Give a Social Security #): 04-333-2677

Emergency Contact and Phone (For Fire Dept. Use): 617-629-7700-781 322 5809 (H)
Cell 781-722-5858

Type of Business (Check Only One and Give the Names Indicated):
☐ Sole Proprietor: Name of Owner: _____
☐ Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
☐ Trust: Names of All Trustees Who Own More Than 10%: _____
☒ Corporation (inc. LLC): Name of President: James Linardy
Name of Secretary: James Linardy
Name of Treasurer: James Linardy
Other (Attach a Description of the Form of Ownership and the Names of Owners) _____

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: [Signature] Date 5.14.12

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.

Timothy Henry Ortiz Serrano

* Signature of Individual or Corporate Name (Mandatory)

James C. L. L. L.

By: Corporate Officer (Mandatory, if a corporation)

04 333 2677

** 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

Exact name of taxpayer/applicant's business: Jim's Heavy Duty Service

Address of taxpayer/applicant's business in Somerville: 42 Boy Street

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

Taxpayer/applicant's phone: day: 617-629-7700 evening: 781-727-5858

I, (print name) James Linardy, 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 2 day of

May, 2012. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

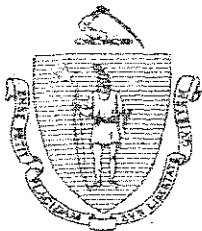
☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____
28269 # 145023001 # 748 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP: 

RECEIVED
CBanaw
5-14-12



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: Jim's Heavy Duty Service
address: 42 Bay St
city: Somerville state: MA zip: 02143 phone # 617 629-7700

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 2 employees (full & part time). ☒ Other As per
☐ I am an employer providing workers' compensation for my employees working on this job.

company name:

address:

city: _____ phone #: _____
insurance co. Associated Employers Co policy # QQ 14112-15011

- ☐ 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 sheet 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 [Signature] Date 5.14.12
Print name JAMES LINARDY Phone # 617-629-7700

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)



INSURANCE BINDER

Policy Number:

DATE (MM/DD/YYYY)

5/9/2012

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY T Edmund Garrity & Co Inc 545 Concord Avenue Suite 16 Cambridge, MA 02138		COMPANY Associated Employers Insurance Co		BINDER # 2010149006
PHONE (A/C, No, Ext): (617) 354-4640		FAX (A/C, No): (617) 588-0611		
CODE: 060		SUB CODE:		
AGENCY CUSTOMER ID:		<input type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:		
INSURED Jim's Heavy Duty Service Inc. James Linardy 42 Joy Street Somerville, MA 02143		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location) Truck Repair		

COVERAGES**LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		EACH OCCURRENCE		\$
		DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$
		PRODUCTS - COM/OP AGG		\$
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$
VEHICLE PHYSICAL DAMAGE <input type="checkbox"/> DED <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES		ACTUAL CASH VALUE		
<input type="checkbox"/> COLLISION: <input type="checkbox"/> OTHER THAN COL:		STATED AMOUNT		\$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM		EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	QQ14112-15011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT		\$1,000,000
		E.L. DISEASE - EA EMPLOYEE		\$1,000,000
		E.L. DISEASE - POLICY LIMIT		\$1,000,000
SPECIAL CONDITIONS / OTHER COVERAGES	For your records. Policy Period is Annual from 5/4/12-5/4/13.	FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

NAME & ADDRESS

	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE 	

ACORD 75 (2010/04)

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