



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2016 MAR 14 A 9:46

Application to Renew Garage License

HAWKINS STREET AUTOMOTIVE CO., INC.
9 HAWKINS ST
SOMERVILLE MA 02143

CITY CLERK'S OFFICE
SOMERVILLE, MA
License #: BL15-000607
File #: 15-496
Fee: 605

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: HAWKINS STREET AUTOMOTIVE CO., INC. Business Location: 9 HAWKINS ST Business Phone: 617-623-9552	
License Holder: HAWKINS STREET AUTOMOTIVE CO., INC. 9 HAWKINS ST SOMERVILLE MA 02143	
Mailing Address: HAWKINS STREET AUTOMOTIVE CO., INC. 9 HAWKINS ST SOMERVILLE MA 02143	
Business Type: Corporation MICHAEL PISARI MICHAEL PISARI MICHAEL PISARI	
FID: 042455674	
Emergency Contact: MICHAEL PISARI Phone: 978-604-2717	
Proposed Hours of Operation if outside standard hours: MO-FR 8AM-6PM, SA 8AM-2PM # of Vehicles Kept Inside: 4 # of Vehicles Kept Outside: 8 Open to the public? Yes Mechanical repairs? Yes Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? No Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Hawkins ST Automotive Co. Inc

Address of taxpayer/applicant's business in Somerville: 91 Hawkins ST Somerville ma

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

Taxpayer/applicant's phone: day: 617 623 9552 evening: 978 604 2717

I, (print name) Michael Pisani, 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 14 day of March, 2016. Michael Pisani Jr
(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: _____

7070 # 233023011 # 507 # ✓

NOTES:

CLERK'S INITIALS: _____

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: Hawkins ST Automotive Co. Inc.
Address: 9 Hawkins St
City: Somerville State: MA Zip: 02143 Phone #: 617 6239532
☒ I am an employer with 1 employees (full and/or part time). Business Type: ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other Auto Repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: Public Service Inc. company
Address: One Park Avenue New York
City: New York State: NY Zip: 10016 Phone #:
Policy #: WC 006590-15 Expiration Date: 12-18-16

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 Capisari Date: 3-14-16
Print Name: Michael APISARI SR

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 _____