

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

JORGE A. CHAVES  
22 MARSHALL STREET  
SOMERVILLE MA 02145

LIC #: 2012-057  
B.O.A.#

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: \_\_\_ Auto Body Work: \_\_\_ Parking or Storing Vehicles: X

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: MODERN FLOORS, INC. TEL: 617-776-7727  
Company Address: 00022 MARSHALL ST

City: SOMERVILLE State: MA Zip: 02145

Check One: Individual: \_\_\_ Co: \_\_\_ Corp: X Trust: \_\_\_ Agency \_\_\_ Gov't Partner  
Ship \_\_\_ Other \_\_\_  
Owner Name: JORGE A. CHAVES TEL: 617-776-7727  
Owner Address: 22 MARSHALL STREET

Owner City: SOMERVILLE State: MA Zip: 02145  
FID#: 042955131

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-02:00 PM  
SUNDAY: CLOSED

Very truly yours,

John J. Long  
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----  
-- GARAGE OPEN TO THE PUBLIC -- LICENSE #: 2012-057  
FEE: \$550.00

This is to certify: JORGE A. CHAVES  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 04/12/1951  
Garage situated at: 00022 MARSHALL ST  
Doing business as : MODERN FLOORS, INC.  
Shall not exceed: 2 Vehicles Inside & 10 Vehicles Outside, not on public ways  
in addition the following restrictions apply:  
COMMERCIAL

This renewal certificate must be signed by the holder of the License.  
Check One: Owner X Occupant \_\_\_ Holder \_\_\_

Jorge Chaves  
Signature of Applicant  
22 Marshall St.  
Address  
Som. Ma 02145  
City State Zip

\*\* Office Use Only \*\*  
Mailed 3/23/12  
Taken MS  
Received: 3/23/12 - MS  
ck# 17295 \$550.00  
City Clerk

CITY CLERK  
2012 MAR 23 AM 11:27

# IMPORTANT

#608  
REF 123

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: Modern floor Inc.  
Somerville Address and Zip Code: 22 Marshall St.  
Phone Number of the Business: 617-776-7727

The Legal Name of the License Holder: Jorge Chaves  
Street Address of the License Holder: 23 Teresa Circle  
City, State and Zip Code of the License Holder: Arlington, Ma 02474  
Phone Number of the License Holder: 617-590-4411  
Email Address of the License Holder: Modern.Floors@Verizon.net

Where We Should Send Mail: Name: Modern floors  
Street Address: 22 Marshall St.  
City, State and Zip Code: Som. Ma 02145  
Email: Modern.Floors@Verizon.net  
Phone Number: 617-776-7727

Federal ID # (Do Not Give a Social Security #): 04-29-55131

Emergency Contact and Phone (For Fire Dept. Use): Jorge Chaves 617-590-4411

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: Jorge Chaves  
Name of Secretary: Kelly Santos  
Name of Treasurer: Maggie Chaves  
Other (Attach a Description of the Form of Ownership and the Names of Owners)

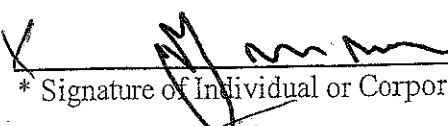
**ACKNOWLEDGEMENT:** I hereby certify under the penalties of perjury that the following is true:  
-All information shown above is true and accurate.  
-Any changes above are subject to the approval of the Somerville Board of Aldermen.  
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: [Signature] Date 3/26/12

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.

  
\* Signature of Individual or Corporate Name (Mandatory)

Jorge Chavez  
By: Corporate Officer (Mandatory, if a corporation)

04-29 55/37  
\*\* 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: Jorge Chavez  
Address of taxpayer/applicant's business in Somerville: 22 Marshall St Somerville  
Address of taxpayer/applicant's home in Somerville: 22 Marshall St Somerville  
Taxpayer/applicant's phone: day: 617-776-7727 evening: 617-590-4411

I, (print name) Jorge Chavez, 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 26<sup>th</sup> day of March, 2012. X [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: \_\_\_\_\_  
# 9500      # 142029001      # 777      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: UB      ORIGINAL STAMP: \_\_\_\_\_

**RECEIVED**  
Brown  
3-23-12



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street, 7<sup>th</sup> Floor  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: Jorge Chavez  
 address: 22 Marshall St.  
 city: Somerville state: Ma zip: 02145 phone # 617-776-7727

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 6 employees (full & part time).  Other Floor Contractor

I am an employer providing workers' compensation for my employees working on this job.

company name: Modern floors  
 address: 22 Marshall St.  
 city: Som. Ma 02145 phone #: 617-776-7727  
 insurance co. Bonacorso Ins Agency policy # 08WECT15725

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 \_\_\_\_\_  
 Print name Jorge Chavez Phone # 617-776-7727

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_  Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other \_\_\_\_\_

check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_

(revised Sept. 2003)