

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)

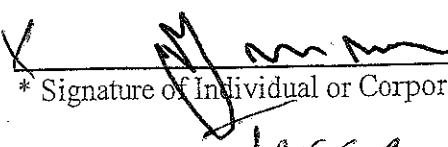
ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:
-All information shown above is true and accurate.
-Any changes above are subject to the approval of the Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by 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 05/37
** 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 A. 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 26th 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, 7th 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 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 _____
 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)