

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

UNITED AUTO REPAIR
64 JOY STREET
SOMERVILLE

MA 02143-0001

LIC #: 2012-168
B.O.A.# 186254

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: Parking or Storing Vehicles: XWashing 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: UNITED AUTO REPAIR TEL: 617-771-2649
Company Address: 00064 -00068 JOY ST

City: SOMERVILLE State: MA Zip: 02143

Check One:

Individual: Co: Corp: Trust: Agency Ship X Other Owner Name: UNITED AUTO REPAIRTEL: 617-771-2649Owner Address: 64 JOY STREETOwner City: SOMERVILLE State: MA Zip: 02143-0001FID#: 800243191

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-07:00 PM

SATURDAY: 08:00 AM-07:00 PM

SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

LICENSE #: 2012-168
FEE: \$550.00

This is to certify: UNITED AUTO REPAIR
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 04/23/1992

Garage situated at: 00064 -00068 JOY ST

Doing business as : UNITED AUTO REPAIR

Shall not exceed: 6 Vehicles Inside & 2 Vehicles Outside, not on public ways
in addition the following restrictions apply:

NO VEHICLES PARKED ON STREET. NO SPRAY PAINTING

8/31/2007 AS PER GEORGE LANDERS USING THIS FOR JUST STORAGE CHANGEDHANDS
ON 09/09/2008.

2012 MAY 3 P 2:17
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

64 Joy St

Somerville MA 02143
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:	United Auto Repair.
Somerville Address and Zip Code:	64 Joy St. 02143.
Phone Number of the Business:	617-284-3324

The Legal Name of the License Holder:	Jean E. Maurin, Jean G. Maurin
Street Address of the License Holder:	6 Kimball Ct #2.
City, State and Zip Code of the License Holder:	Woburn, MA 01906
Phone Number of the License Holder:	617-771-2648
Email Address of the License Holder:	uautorepair@yahoo.com

Where We Should Send Mail: Name:	Jean Maurin
Street Address:	1 Rhoads 64 Joy St.
City, State and Zip Code:	Somerville, MA 02143
Email:	uautorepair@yahoo.com
Phone Number:	617-284-3324

Federal ID # (Do Not Give a Social Security #):	800243191
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Emergency Contact and Phone (For Fire Dept. Use):	617-771-2649.
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Type of Business (Check Only One and Give the Names Indicated):
<input type="checkbox"/> Sole Proprietor: Name of Owner: _____
<input type="checkbox"/> Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
<input type="checkbox"/> Trust: Names of All Trustees Who Own More Than 10%: _____
<input checked="" type="checkbox"/> Corporation (inc. LLC): Name of President: Jean E. Maurin.
Name of Secretary: _____
Name of Treasurer: Jean G. Maurin
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: _____

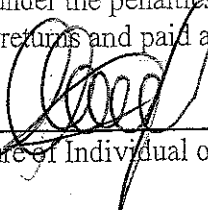
Date

5/3/12.

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)

By: Corporate Officer (Mandatory, if a corporation)

800243191

** 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.



24-A-8-9

City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

86 Joy

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: United Auto Repair
Address of taxpayer/applicant's business in Somerville: 00064-660068 Joy St.
Address of taxpayer/applicant's home in Somerville: 60 Kimball Ct #2 Woburn MA
Taxpayer/applicant's phone: day: 617-771-2648 evening: _____

I, (print name) Jean Maurin, 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 3 day of MAY, 2012.
(Taxpayer's signature) [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: _____
06258184 # 14502500 # 60112 # _____

NOTES: 928152

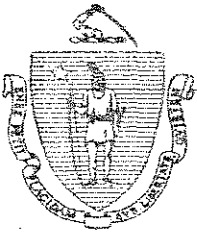
CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



RECEIVED

4-5-3-12



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:

Jean MAURIN

address:

604 Joy St.

city:

Somerville

state:

MA

zip:

02143

phone #

617-284-3324

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 1 employees (full & part time).

☒ Other

Garage

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

company name:

address:

city:

phone #:

insurance co.

policy #

☐ 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

Jean Maurin

Date

5/3/12

Print name

Jean MAURIN

Phone #

617-284-3324

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:
(revised Sept. 2003)

phone #:

- ☐ Building Department
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Health Department
- ☐ Other