



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

2013 MAR 26 P 12:13

CITY CLERK'S OFFICE
SOMERVILLE, MA

APPLICATION TO RENEW GARAGE LICENSE

IDEAL ENGINE REBUILDERS, INC.
96 DOVER ST
SOMERVILLE, MA 02144

License #: **605**
City # **G31**
Fee: **550.00**
Account ID: **494**
Reference #: **605**

6990

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: For IDEAL ENGINE REBUILDERS, INC. Business Location: 96 DOVER ST Business Phone: 617-666-3737	
License Holder: IDEAL ENGINE REBUILDERS, INC. 96 DOVER ST SOMERVILLE, MA 02144 617-666-3737	<i>DBA- Ideal Automotive Services</i>
Mailing Address: IDEAL ENGINE REBUILDERS, INC. SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) PRESIDENT - DENNIS SERRANO SECRETARY - DENNIS SERRANO	
FID: 042282279	
Food Manager/Emergency Contact: DENNIS SERRANO 617-470-8384	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **M-F 7:30A-5:30P**

OPEN TO THE PUBLIC

- 1 AUTO BODY WORK
- 1 MECHANICAL REPAIRS
- 40 VEHICLES
- 20 VEHICLES INSIDE
- 20 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

Originally Issued 6/22/1978, No Parking Allowed Outside The Premises. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

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 BOARD OF ALDERMEN.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: *Dennis Serrano* Date: 3/26/13
Print Name: DENNIS SERRANO Phone: 617-470-8384

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: Ideal Engine Rebuilders Inc.

Address: 100 Dover St

City: Somerville State: MA Zip: 02144 Phone #: 617-666-3737

- I am an employer with 6 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: _____ Expiration Date: _____

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: [Signature] Date: 3/26/13

Print Name: DENNIS SERRANO

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Ideal Engine Rebuilders Inc.

Address of taxpayer/applicant's business in Somerville: 96 Dover St

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

Taxpayer/applicant's phone: day: 617-666-3737 evening: 617-470-8384

I, (print name) Dennis Serrano, 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 day of March, 2013. [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: _____

4658 # 322075001 # N/A # _____

NOTES:

CLERK'S INITIALS: M.M.

ORIGINAL STAMP:

