

**CITY OF SOMERVILLE**

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

**Application to Renew Garage License**

2015 MAR 23 A 11:42

**MODERN FLOORS, INC.**  
**22 MARSHALL ST**  
**SOMERVILLE MA 02145**

License #: BLF5-000723

File #: 15-601

Fee: 550

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)
<b>Business/DBA Name:</b> MODERN FLOORS, INC. <b>Business Location:</b> 22 MARSHALL ST <b>Business Phone:</b> 617-776-7727	
<b>License Holder:</b> MODERN FLOORS, INC. 22 MARSHALL ST SOMERVILLE MA 02145	
<b>Mailing Address:</b> MODERN FLOORS, INC. 22 MARSHALL ST SOMERVILLE MA 02145	
<b>Business Type:</b> Corporation JORGE CHAVES MAGGIE CHAVES KELLY SANTOS	
<b>FID:</b> 042955131	
<b>Emergency Contact:</b> JORGE CHAVES <b>Phone:</b> 617-590-4411	
<b>Proposed Hours of Operation if outside standard hours:</b> MO-FR 8AM-6PM, SA 8AM-2PM <b># of Vehicles Kept Inside:</b> 2 <b># of Vehicles Kept Outside:</b> 10 <b>Open to the public?</b> Yes <b>Mechanical repairs?</b> No <b>Autobody work?</b> No <b>Spray Painting?</b> No <b>Washing vehicles?</b> No <b>Charging money to store vehicles?</b> Yes <b>Storing unregistered vehicles?</b> No <b>Maintaining or operating a tow vehicle at this location?</b> No	

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: Date: 3/20/15

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Jorge Chaves  
Address of taxpayer/applicant's business in Somerville: 22 Marshall St. Som.  
Address of taxpayer/applicant's home in Somerville: 11  
Taxpayer/applicant's phone: day: 617-776-7727 evening: 617-590-4411

I, (print name) Jorge Chaves, 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 20<sup>th</sup> day of March, 20 15. X  
(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: \_\_\_\_\_

# 9742 # 142029001 # 741 # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: LB

ORIGINAL STAMP:



LB Chaves  
3-23-15



**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**600 Washington Street**  
**Boston, Mass. 02111**

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:**

Name: Jorge Chaves  
Address: 22 Marshall St.  
City: Somerville State: Ma Zip: 02145 Phone #: 617-776-7727  
☒ I am an employer with 6 employees Business Type: ☐ Retail  
(full and/or part time). ☐ Restaurant/Bar/Eating Establishment  
☐ I am a sole proprietor or partnership and have no ☐ Office and/or Sales (real estate, auto, etc.)  
employees. ☐ Nonprofit  
☐ We are a corporation that has exercised our right of ☐ Entertainment  
exemption per c152 s1(4), and have no employees. ☐ Manufacturing  
☐ We are a nonprofit organization staffed by ☐ Health Care  
volunteers and have no employees. ☒ Other Floor Contractor

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: BonaCorso Insurance  
Address: 10 Cedar St.  
City: Burlington State: Ma Zip: 01803 Phone #: 781-937-3200  
Policy #: 08WECT5725 Expiration Date: 9-1-2015

**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: Marganda Chaves Date: 3/20/15

Print Name: Marganda Chaves

**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 \_\_\_\_\_