

CITY OF SOMERVILLE

Commonwealth of Massachusetts 93 Highland Avenue Somerville, MA 02143 (617) 625-6600

Application to Renew Garage License

A & M FOREIGN MOTORS, INC. **400 MYSTIC AVE SOMERVILLE MA 02145**

License #:

BL15-000738

File #:

15-621

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)	
Business/DBA Name: A & M FOREIGN MOTORS, INC. Business Location: 400 MYSTIC AVE Business Phone: 617-776-1760		
License Holder: A & M FOREIGN MOTORS, INC. 400 MYSTIC AVE SOMERVILLE MA 02145		
Mailing Address: A & M FOREIGN MOTORS, INC. 400 MYSTIC AVE SOMERVILLE MA 02145		
Business Type: Corporation EDWIN SANTA CRUZ EDWIN SANTA CRUZ EDWIN SANTA CRUZ	71	
FID: 042651742		
Emergency Contact: EDWIN SANTA CRUZ Phone: 617-680-5553	PR 2	
Proposed Hours of Operation if outside standared hours: MO-FR 8AM-6PM, SA 8AM-2PM # of Vehicles Kept Inside: 4 # of Vehicles Kept Outside: & Open to the public? Yes Mechanical repairs? Yes Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? Yes Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	A II: 57 "S OFFICE I.F. MA	

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: Short May Date: 04/16/2015

Printed Name: Edwin Santa-Cryz Phone: 617-776-1760



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: At M Foreign Motors, INC: Address of taxpayer/applicant's business in Somerville: 400 Mystic Ave:			
Address of taxpayer/applicant's business in Somerville: 400 Mystic Ave.			
Address of taxpayer/applicant's home in Somerville:			
Taxpayer/applicant's phon	e: day: 617-776	- 1760evening: 617 -	680-5553
I, (print name) Edwin Santa-Cruz, 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 P	AINS AND PENALT	IES OF PERJURY, this _	l 6 day of
April , 20 15 (Taxpayer's signature)			
CITY'S ACKNOWLEDGEMENT			
DATE OF ISSUANCE: _	INCLUI	DES RELEVANT POSTINGS THROUGH	5H:
TAXES AND ACCOUNT	T NUMBER(S) INCL	UDED IN CERTIFICATE	:
☐ Real Estate	□Water/Sewer	☐ Personal Property	☐ Other:
# 108GQ	#134082001	#	#
NOTES:			
CLERK'S INITIALS: _	SR	ORIGINAL STAMP:	W 4-21-15

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:	A&M Foreign	Motors INC			
Name:	400 Mvsti	c Ave		-	
Address:	Somerville, N 617-776-	1760 1760			
City:	State:	Zip:	Phone #:		
I am an employer with employer (full and/or part time). I am a sole proprietor or partnership employees. We are a corporation that has exerce exemption per c152 s1(4), and have we are a nonprofit organization star volunteers and have no employees.	p and have no sised our right of e no employees. offed by	Restauras Office an Nonprofi Entertain	ment	Repair	
Workers' compensation insurance in					
()	a Nation	al Insu	rance (Company	
Address: P.O. Box 65					_
City: Utica	State: N.Y	Zip: \35 c	Phone #:	1800-598-	8422
Policy#: 100887791			Expiration I	Date: 09 01 20	15
Applicant certification:					45
Failure to secure coverage as require penalties of a fine up to \$1,500.00 and WORK ORDER and a fine of \$100. forwarded to the Office of Investigation	or one years' impri 00 a day against n	sonment as well ne. I understand	as civil penalties that a copy of	s in the form of a STOP	
I do hereby certify under the pains and	penalties of perjury	that the informat	ion provided abo	ve is true and correct.	
Signature:			Date: 04	. 1 1	
Print Name: Edwin San	nta-Cru	7			
Official use only. Do no	ot write in this area.		l by city or town	official.	
City or Town:	Permit/Licen	se #:		Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office	
Contact Person:	Phone #:			Other	

(revised Jan. 2008)



A&M FOREIGN MOTORS, INC.
400 MYSTIC AVE
SOMERVILLE, MA
SOMERVILLE MA 02145

BILLING DATE	ACCOUNT #	PAGE
03-12-15	100887291	1 OF 2
	DUE DATE	
	04-01-15	

YOUR AGENT IS: T EDMUND GARRITY & CO INC N4370 AGENCY TELEPHONE #: (617) 354-4640 Please call your agent to answer any questions.

Thank you for doing business with Utica National. We are pleased to have the opportunity of serving your insurance needs.

Your account is currently set up on a 10 payment bill plan. If you elect to pay an amount other than the full balance, a service charge of \$7.00 will apply to each installment billing.

Your UNIBILL statement reflects current activity for the policies on your account.

ACCOUNT ACTIVITY:		
Previous Balance	\$171.00	
Payments - Thank you	\$57.00	CR
Other Transactions (See attached for detail)	\$7.00	
ACCOUNT BALANCE	\$121.00	

You can view your account activity and make online payments @ www.uticanational.com

Account Balance Due	Installment Due
\$121.00	\$57.00

SEE NEXT PAGE FOR POLICY ACTIVITY AND BILLING DETAIL. SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION.

FOR AUTOMATED RESPONSE TO BILLING INQUIRIES CALL: 1-800-59-UTICA (1-800-598-8422)



03-12-15

Your Agent is: T EDMUND GARRITY & CO INC N4370

> Utica National Insurance Group Billing Department P.O. Box 6532 Utica, N.Y. 13504-6532

Account Balance Due	Installment Due	Please indicate amount paid
\$121.00	\$57.00	\$

The installment due must reach us by: 04-01-15

Please write your account number on your check.

☐ Please indicate any address change.

A&M FOREIGN MOTORS, INC. 400 MYSTIC AVE SOMERVILLE, MA SOMERVILLE MA 02145 Account # 100887291

Thank you for doing business with Utica National Insurance

RETURN THIS PORTION WITH YOUR PAYMENT OR PAY ON-LINE @ www.uticanational.com
MAKE CHECK PAYABLE AND MAIL TO: UTICA NATIONAL INSURANCE GROUP, P.O. BOX 6532, UTICA, N.Y. 13504-6532

-DO NOT WRITE BELOW THIS LINE