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	
FID: 042651742	
Emergency Contact: EDWIN SANTA CRUZ **Phone:** 617-680-5553	
Proposed Hours of Operation if outside standared hours: MO-FR 8AM-6PM, SA 8AM-2PM **# of Vehicles Kept Inside:** 4 **# of Vehicles Kept Outside:** 0 **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	8

2015 APR 21 A 11:57
CITY CLERK'S OFFICE
SOMERVILLE, 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: Edwin Santa-Cruz Date: 04/16/2015

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

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: A&M Foreign Motors, INC.

Address of taxpayer/applicant's business in Somerville: 400 Mystic Ave.

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

Taxpayer/applicant's phone: day: 617-776-1760 evening: 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 PAINS AND PENALTIES OF PERJURY, this 16 day of April, 20 15

_____
(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: ___

10899 #134082001 # _____ # _____

NOTES:

CLERK'S INITIALS: SR **ORIGINAL STAMP:** RECEIVED 4-21-15 SR

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: A&M Foreign Motors INC.

Address: 400 Mystic Ave
Somerville, MA 02145
617-776-1760

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

☑ I am an employer with 1 employees (full and/or part time).
☐ I am a sole proprietor or partnership and have no employees.
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
☐ We are a nonprofit organization staffed by volunteers and have no employees.

Business Type:
☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other Auto Repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: Utica National Insurance Company

Address: P.O. Box 6532

City: Utica State: N.Y. Zip: 13504 Phone #: 1800-598-8422

Policy #: 100887291 Expiration Date: 09/01/2015

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: _____ Date: 04/16/2015

Print Name: Edwin Santa-Cruz

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* _____

(revised Jan. 2008)

UTICA NATIONAL INSURANCE GROUP

UNIBILL PREMIUM STATEMENT

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

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

pd. 4/1/15

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)

UNIBILL 03-12-15
PREMIUM STATEMENT

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

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

Your Agent is: T EDMUND GARRITY & CO INC
N4370

Please write your account number on your check.

☐ **Please indicate any address change.**

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

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

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