

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

EDMILSON ALVES VALENTINO
590 LINCOLN AVENUE
SAUGUS MA 01906

LIC #: 2010-172
B.O.A.# 188019

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: \_\_\_ Parking or Storing Vehicles: X
Washing 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 \$500.00 not
later than April 30, 2010. 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: BBC AUTO REPAIR TEL: 617-629-0058
Company Address: 00483 SOMERVILLE AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: X Co: \_\_\_ Corp: \_\_\_ Trust: \_\_\_ Agency \_\_\_ Gov't \_\_\_ Partner \_\_\_
Ship \_\_\_ Other \_\_\_

Owner Name: EDMILSON ALVES VALENTINO TEL: 1-781-953-0302

Owner Address: 590 LINCOLN AVENUE

Owner City: SAUGUS State: MA Zip: 01906

FID#: 264737682

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 04/30/2010, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*
MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

LICENSE #: 2010-172
FEE: \$500.00

This is to certify: EDMILSON ALVES VALENTINO
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 04/11/1929

Garage situated at: 00483 SOMERVILLE AV

Doing business as : BBC AUTO REPAIR

Shall not exceed: 10 Vehicles Inside

in addition the following restrictions apply:

AMENDED LICENSE 8/15/2005. NUMBER OF VEHICLES CHANGED FROM 20 TO 10
NO SPRAY PAINTING.

AMENDED LICENSE 11/23/2009, NUMBER OF VEHICLES CHANGED FROM 3 TO 10
30 DAY TEMP. LICENSE TO BE REVIEWED EVERY 30 DAYS. BOA #188559 12/10/2009

This renewal certificate must be signed by the holder of the license.

Check One: Owner X Occupant \_\_\_ Holder \_\_\_

Signature of Applicant

483 Somerville Ave

Address

Somerville, MA 02143

City State Zip

\*\* Office Use Only \*\*

Mailed

Taken

Received: 4-8-10

CK1562

City Clerk

2010 APR 8 P 1:53
CITY OF SOMERVILLE, MA



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street, 7<sup>th</sup> Floor  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: Edmilson Alves Valentim  
 address: 590 Lincoln Ave  
 city: Saugus state: MA zip: 01906 phone #: 781-953-0302

work site location (full address): 483 Somerville Ave, Somerville

- 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 \_\_\_\_\_ employees (full & part time).  Other \_\_\_\_\_

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

company name: BBC Auto Repair  
 address: 483 Somerville Ave  
 city: Somerville MA 02143 phone #: 617-629-0058  
 insurance co. Liberty Mutual policy # WG2-315-375916-010

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 [Signature] Date 04/01/10

Print name Edmilson Alves Valentim Phone # (781) 95-0302

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

- Building Department
- Licensing Board
- Selectmen's Office
- Health Department
- Other \_\_\_\_\_

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_

(revised Sept. 2003)

**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)

*BBC Auto Repair*  
\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

*264-731-682*  
\_\_\_\_\_  
\*\* 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.



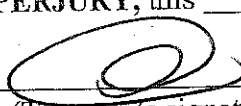
City of Somerville, Massachusetts  
Finance Department, Treasury Division

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

**CERTIFICATE OF GOOD STANDING**

1. Exact name of taxpayer/applicant's business: Edmilson Alves Valentino
2. Address of taxpayer/applicant's business in Somerville: 483 Somerville Ave
3. Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
4. Taxpayer/applicant's phone: day: 617-629-0058 evening: (781) 953-0302

I, Edmilson Valentino, 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 first day of April, 2010.  
  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

- |                                      |                                      |                                            |                                       |
|--------------------------------------|--------------------------------------|--------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Water/Sewer | <input type="checkbox"/> Personal Property | <input type="checkbox"/> Other: _____ |
| # <u>02084040</u>                    | # <u>249029001</u>                   | # _____                                    | # _____                               |

**NOTES:**

CLERK'S INITIALS: URB

ORIGINAL STAMP:

**received**  
Urbana  
4-8-10