

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

ROBERT SOUSA
495 COLUMBIA STREET
SOMERVILLE MA 02143

LIC #: 2012-191
B.O.A.# 161322

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: X Parking or Storing Vehicles:
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 \$550.00 not
later than April 30, 2012. 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: SOMERVILLE AUTO TRANSPORT SERVICE, INC. TEL: 617-623-9522
Company Address: 00495 COLUMBIA ST (MUNREG)

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: Co: Corp: X Trust: Agency Gov't Partner
Ship Other
Owner Name: ROBERT SOUSA TEL: 617-625-8697
Owner Address: 495 COLUMBIA STREET

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 261201682

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 04/30/2012, 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 #: 2012-191
FEE: \$550.00

This is to certify: ROBERT SOUSA
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 01/29/1997

Garage situated at: 00495 COLUMBIA ST (MUNREG)
Doing business as : SOMERVILLE AUTO TRANSPORT SERVICE, INC.
Shall not exceed: 12 Vehicles Inside
in addition the following restrictions apply:

ALSO HAS A LICENSE FOR 10 HP ELECTRIC MOTOR #161323
APPROVED WITH CONDITIONS #179356 9/27/2005
HOURS OF OPERATION: MONDAY-FRIDAY 8:00AM - 6:00PM
SATURDAY 8:00AM - 2:00PM
SUNDAY CLOSED NO BUSINESS

NO SPRAY PAINTING
22 VEHICLES MAX. FOR ENTIRE BUILDING ALL INSIDE
12 FOR GARAGE AND 10 FOR 2ND HAND AUTO DEALER.

This renewal certificate must be signed by the holder of the license.
Check One: Owner Occupant Holder

Signature of Applicant

Address

City State Zip

** Office Use Only **
Mailed
Taken

Received: \$550.00
CK 3509
City Clerk

2012 JUL 30 PM 12:50
CITY CLERK'S OFFICE
SOMERVILLE, MA

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business:

Somerville Address and Zip Code:

Phone Number of the Business:

Automotive Transport Service
495 Columbia St
Somerville Massachusetts 02143

The Legal Name of the License Holder:

Street Address of the License Holder:

City, State and Zip Code of the License Holder:

Phone Number of the License Holder:

Email Address of the License Holder:

Robert Souza
495 Columbia St
Somerville MA
617-623-9522
L

Where We Should Send Mail: Name:

Street Address:

City, State and Zip Code:

Email:

Phone Number:

Robert Souza
495 Columbia St
Somerville MA
617-623-9522

Federal ID # (Do Not Give a Social Security #):

261201682

Emergency Contact and Phone (For Fire Dept. Use):

Robert Souza 617-623-9522

Type of Business (Check Only One and Give the Names Indicated):

Sole Proprietor: Name of Owner:

Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:

Trust: Names of All Trustees Who Own More Than 10%:

☒ Corporation (inc. LLC): Name of President:

Name of Secretary:

Name of Treasurer:

Other (Attach a Description of the Form of Ownership and the Names of Owners)

Robert Souza
Jane
Sam

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.

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

License Holder Signature:

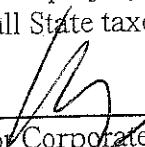
Date

7/30/12

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.

 ATS
* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

26-727692
** 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

Exact name of taxpayer/applicant's business: Robt Souza
Address of taxpayer/applicant's business in Somerville: 495 Columbia St
Address of taxpayer/applicant's home in Somerville: 210
Taxpayer/applicant's phone: day: 617-623-9522 evening: 617-623-9522

I, (print name) Robt Souza, 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 30 day of July, 20 12.
(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: _____
3733 # 1240770 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



RECEIVED

7-30-12



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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name:

address:

Automotive Transport Service

495 Columbia St

city:

Somerville Massachusetts 02143

phone #

617-623-9522

work site location (full address):

☐ 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:

Automotive Transport Service

495 Columbia St

address:

Somerville Massachusetts 02143

city:

phone #:

insurance co.

LM Ins/Co

policy #

WLS 315 369660-032

☐ 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

Date

7/30/12

Print name

Phone #

617-623-9522

official use only do not write in this area to be completed by city or town official

city or town:

permit/license #

☐ Building Department

☐ Licensing Board

☐ Selectmen's Office

☐ Health Department

☐ Other

☐ check if immediate response is required

contact person:

phone #;

(revised Sept. 2003)