



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW GARAGE LICENSE

REILLY, ALBERT
75 LAWRENCE STREET
CHARLESTOWN, MA 02129

License #: 768

City #G103

Fee: 550.00

Account ID: 651

Reference #: 768

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: REILLY'S GARAGE Business Location: 61 WASHINGTON ST Business Phone: 617-776-4779	
License Holder: REILLY, ALBERT 75 LAWRENCE STREET CHARLESTOWN, MA 02129 617-776-4779	
Mailing Address: REILLY, ALBERT 75 LAWRENCE STREET CHARLESTOWN, MA 02129	
Business Type: SOLE PROPRIETORSHIP OWNER - ALBERT REILLY	
FID: 999999999	
Food Manager/Emergency Contact: ALBERT REILLY 617-519-4171	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 8AM-5:30PM, SA 8AM-4PM**

OPEN TO THE PUBLIC

- | | |
|----------------------|--------------------|
| 1 AUTO BODY WORK | 6 VEHICLES OUTSIDE |
| 1 MECHANICAL REPAIRS | |
| 2 VEHICLES INSIDE | |

Description of Location and/or Other Conditions:

Originally Issued 8/27/1981. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

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: Albert Reilly Date 2/28/2014

Print Name: ALBERT REILLY Phone 617 776 4779



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: REILLYS GARAGE

Address of taxpayer/applicant's business in Somerville: 63 WASHINGTON ST

Address of taxpayer/applicant's home in Somerville: NONE

Taxpayer/applicant's phone: day: 617 776 4779 evening: 617 519 4171

I, (print name) ALBERT REILLY, 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 28 day of FEB, 2014. Albert Reilly
(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: _____

N/A # 109/04011 # 1255 # _____

NOTES:

CLERK'S INITIALS: AR

ORIGINAL STAMP: 

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

Workers' Compensation Insurance Affidavit- General Business

Applicant information:

Name: ALBERT REILLY
Address: 75 LAWRENCE ST
City: CHARLESTOWN State: MA Zip: 02129 Phone #: 617-519-4171

- I am an employer with _____ 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

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: Albert Reilly Date: 2/28/2014

Print Name: ALBERT REILLY

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 _____