

CITY OF SOMERVILLE **BOARD OF ALDERMEN**

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW GARAGE LICENSE

License #:

642

ORIGINAL AUTO BODY AND MECHANIC, INC.

Fee:

City #G44 550.00

12 -16 JOY ST

SOMERVILLE, MA 02143

Account ID:

527

Reference #:

642

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: ORIGINAL AUTO BODY AND MECHANIC, Business Location: 12 JOY ST Business Phone: 857-312-2153	INC.
License Holder: ORIGINAL AUTO BODY AND MECHANIC, INC. 12 -16 JOY ST SOMERVILLE, MA 02143 857-312-2153	2014 A
Mailing Address: ORIGINAL AUTO BODY AND MECHANIC, INC. 12 -16 JOY ST SOMERVILLE, MA 02143	PR 23 CLERK'S
Business Type: CORPORATION (INC. LLC) PRESIDENT - VILMAR CAMPOS SECRETARY - VILMAR CAMPOS TREASURER - VILMAR CAMPOS	OFFICE E. MA
FID: 450555602	
Food Manager/Emergency Contact: KATIA MIRANDA 857-284-2481	
	Contact the City Clork's Office for more information)

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

Hours: MO-FR 8AM-6PM, SA 8AM-2PM

OPEN TO THE PUBLIC

AUTO BODY WORK

STORING VEHICLES

1 WASHING VEHICLES

MECHANICAL REPAIRS SPRAY PAINTING

VEHICLES INSIDE

VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

Originally Issued 10/29/1958. No Operating Tow Vehicles.

hereby certify under the penalties of perjury that the following is true: -All information shown above is true and accurate.	
-All fillormation shown above is true and additional of the BOARD OF AL -Any changes above are subject to the approval of the BOARD OF AL -I have filed all State tax returns and paid all State taxes required by la	aw for this business.
Signature: I I ma I word Comps	Date
Print Name: (PICMAN MIRSURS COMPS)	Phone (<u>834/ 3/2 2/33</u>

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

Workers' Compensation Insurance Affidavit- General Business

Workers Compensation 2110	
Applicant information:	
Name: ORIGINAL AUTO BODY	
Address: 12-16 Joy ST	Zip: 02/43 Phone #: 857) 312-2153
City: SomenVILLE State: MASS	Zip: 2/93 Phone #: 237) 3/2
 ☐ I am an employer with employees ☐ 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. 	Retail Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Entertainment Manufacturing Health Care Other Sony Shop
Workers' compensation insurance information (if applicable):	
Insurance Company Name: TRAVELENS	
D 2 Pay 564	26. 2028
City: ELMIRD State: NY	Zip: / 4902 Phone #: 888 - 66/- 395/3
Address: P. O BOX . 7367 City: ELMIRA State: NY Policy #: 5.691 X378 UB	Expiration Date: 02/18/13
Applicant certification:	
Failure to secure coverage as required under Section 25A of MGL 152 c to \$1,500.00 and/or one years' imprisonment as well as civil penaltic \$100.00 a day against me. I understand that a copy of this statement may for coverage verification.	y be forwarded to the Office of Investigations of the DIA
I do hereby certify under the pains and penalties of perjury that the inf	formation provided above is true and correct.
Signature: Vilma of und Camps	Date:
Signature: Vilmon Lunds Compos Print Name: VILMAR MIRANDS QAM POS	
	e trito por alle la minima de la companya del companya de la companya de la companya del companya de la company
Official use only. Do not write in this area. To be	completed by city or town official.
City or Town: Permit/License #:	☐ Board of Health ☐ Building Department ☐ City/Town Clerk ☐ Licensing Board ☐ Selectmen's Office
Contact Person: Phone #:	Other
Contact Person: Phone #.	

(revised Jan. 2008)



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

CERTIFICATE OF		
Exact name of taxpayer/applicant's business: <u>ORIGINAL AUTO BODY</u>		
Address of taxpayer/applicant's business in Somerville: 12-16 Joy 57		
Address of taxpayer/applicant's home in Somerville:		
Taxpayer/applicant's phone: day: 854) 312-2153 evening: SAME		
I, (print name) // MAK MIRSUDA CAMPOS, 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 day of		
APRIL , 20/4. Volume funde Compre (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:		
#8413 #145620011 # 729 #		
NOTES:		
CLERK'S INITIALS: ORIGINAL STAMP:		