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

APPLICATION TO RENEW GARAGE LICENSE

License #: **642**
City #G44
Fee: **550.00**
Account ID: **527**
Reference #: **642**

ORIGINAL AUTO BODY AND MECHANIC, INC.
12 -16 JOY ST
SOMERVILLE, MA 02143

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, INC.** Business Location: **12 JOY ST** Business Phone: **857-312-2153**	
License Holder: **ORIGINAL AUTO BODY AND MECHANIC, INC.** **12 -16 JOY ST** **SOMERVILLE, MA 02143** **857-312-2153**	
Mailing Address: **ORIGINAL AUTO BODY AND MECHANIC, INC.** **12 -16 JOY ST** **SOMERVILLE, MA 02143**	
Business Type: **CORPORATION (INC. LLC)** **PRESIDENT - VILMAR CAMPOS** **SECRETARY - VILMAR CAMPOS** **TREASURER - VILMAR CAMPOS**	
FID: **450555602**	
Food Manager/Emergency Contact: **KATIA MIRANDA** **857-284-2481**	

2014 APR 23 P 12:22
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

1 AUTO BODY WORK	1 STORING VEHICLES	1 WASHING VEHICLES
1 MECHANICAL REPAIRS	8 VEHICLES INSIDE	
1 SPRAY PAINTING	2 VEHICLES OUTSIDE	

Description of Location and/or Other Conditions:
Originally Issued 10/29/1958. 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: Vilmar Miranda Campos Date 4/23/14

Print Name: VILMAR MIRANDA CAMPOS Phone (857) 312-2153

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: ORIGINAL AUTO BODY

Address: 12-16 JOY ST

City: SOMERVILLE State: MASS Zip: 02143 Phone #: (857) 312-2153

☐ 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 BODY SHOP

Workers' compensation insurance information (if applicable):

Insurance Company Name: TRAVELERS

Address: P.O BOX 1564

City: ELMIRA State: NY Zip: 14902 Phone #: 888-661-3938

Policy #: 5691X378 UB Expiration Date: 02/18/15

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: Vilmar Miranda Campos Date: 4/23/14

Print Name: VILMAR MIRANDA CAMPOS

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*
☐ *Other* _____

Contact Person: _____ *Phone #:* _____

(revised Jan. 2008)

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: ORIGINAL AUTO BODY

Address of taxpayer/applicant's business in Somerville: 12-16 JOY ST

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

Taxpayer/applicant's phone: day: (857) 312-2153 evening: SAME

I, (print name) VILMAR MIRANDA 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 23 day of APRIL, 2014. Vilmar Miranda Campos
(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 # 14502011 # 729

NOTES:

CLERK'S INITIALS: JK **ORIGINAL STAMP:** Received 4-23-14 JK