

CK18358
550.00



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

APPLICATION TO RENEW GARAGE LICENSE

**MODERN FLOORS, INC.
22 MARSHALL ST
SOMERVILLE, MA 02145**

License #: **723**
City # **G57**
Fee: **550.00**
Account ID: **601**
Reference #: **723**

7004

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: For MODERN FLOORS, INC. Business Location: 22 MARSHALL ST Business Phone: 617-776-7727	
License Holder: MODERN FLOORS, INC. 22 MARSHALL ST SOMERVILLE, MA 02145 617-776-7727	
Mailing Address: MODERN FLOORS, INC. SOMERVILLE, MA 02145	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JORGE CHAVES SECRETARY - KELLY SANTOS	
FID: 042955131	
Food Manager/Emergency Contact: JORGE CHAVES 617-590-4411	

2011 APR - 11 A 11:45
 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

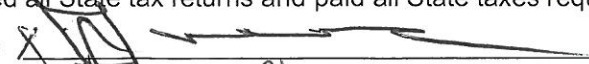
- 1 STORING VEHICLES 10 VEHICLES OUTSIDE
- 12 VEHICLES
- 2 VEHICLES INSIDE

Description of Location and/or Other Conditions:

Originally Issued 4/12/1951. No Mechanical Repairs. No Auto Body. 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: X  Date: 3-25-13
 Print Name: Jorge Chaves Phone: 617-776-7727

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: Jorge Chaves
Address: 22 Marshall St.
City: Somerville State: Ma Zip: 02145 Phone #: 617-776-7727

- I am an employer with 6 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: BonaCorso Insurance
Address: 83 Cambridge St.
City: Burlington State: Ma Zip: 01803 Phone #: 781-273-3200
Policy #: 08-WECIT 5725 Expiration Date: 9/1/13

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: [Signature] Date: 3/25/13
Print Name: _____

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Modern Floors

Address of taxpayer/applicant's business in Somerville: 22 Marshall St. Somerville, Ma

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

Taxpayer/applicant's phone: day: 617-776-7727 evening: 617-590-4411

I, (print name) Jorge Chavez, 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 25th day of

March, 2013.

[Signature]
(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: _____

9549 # 142029001 # 753 # _____

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:

RECEIVED
Bauer
4-1-13