



## Business License



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File #: 15-748 ...  
621 SOMERVILLE AVE SOMERVILLE MA  
ETELUINA ROSA

Licenses Reviews Inspections Activities Documents Contacts History

EDIT:  
File

Edit License: BL15-000944



ADD:  
Activity  
Address  
Alert  
Contact  
Document  
Email  
Inspection  
Letter  
Note  
Payment  
License  
Route

**License #:** BL15-000944  
**License Type:** Business License  
**Sub Type:** Garage  
**Business Name:** ETELUINA ROSA  
**Licensee:** ETELUINA ROSA -  
**Status:** Issued  
**Renewal Status:** Renewal Submitted  
**Total Amount:** \$ 1,210.00  
**Amount Paid:** \$ 1,210.00  
**Balance Due:** \$ 0.00

**Application Date:** 07/31/2012  
**Approval Date:** 02/01/2014  
**Issue Date:** 02/01/2014  
**Expiration Date:** 04/30/2015  
**Close Date:**  
**Last Inspection:**

REPORTS:  
Custom  
Detail  
Summary

**Non-Billable:**   
**Non-Billable Reason:**

Application Type: Renewal

### BUSINESS LICENSES

Fill in all of the fields to the best of your ability, and attach all of the required documents. Your application cannot be processed until it is complete, with all of the attachments. Note that the application fee is not refundable under any circumstances. If approved, there will be an additional license fee.

DBA Name: BRAZIL AUTO REPAIR

Federal Tax ID # (EIN): 202710805

(do not enter a Social Security #-if no EIN, enter 999999999):

# of Vehicles Kept Inside: 2

# of Vehicles Kept Outside: 0

Describe your Business: Garage for mechanical repairs.

Open to the public?: Yes

Mechanical Repairs?: Yes

Autobody work?: No

Spray painting?: No

Washing vehicles?: No

Charging money to store vehicles?: No

Storing unregistered vehicles?	No ▼
Maintaining or operating a tow vehicle at this location?	No ▼
Standard Hours of Operation are Mon-Fri 8AM-6PM, Sat 8AM-2PM, Sun Closed. What hours are you requesting?	Mon-Fri 8AM-6PM, Sat 8AM-2PM
Explain:	MO-FR 8AM-6PM, SA 8AM-2PM
Have you ever obtained a Garage License before?	No ▼
Have you ever had a Garage License denied, suspended, or revoked?	No ▼
In the last 3 years, have you admitted liability or been found liable under any state or federal law regulating the payment of wages to employees, or the collection of debt from employees?:	No ▼

**CONTACTS**




Mailing Contact:	ETELUINA ROSA - ▼ ...
Emergency Contact:	ETELUINA ROSA
Phone:3:	617-623-0768

**TYPE OF BUSINESS**

Select the type of business and provide the additional information indicated

Business Ownership Type:	Sole Proprietor ▼
Legal Name of Entity:	ETELUINA ROSA

**REQUIRED DOCUMENTATION**

Workers Comp Affidavit:	Not Provided.pdf 
<a href="#">download template</a>	
Attach a Scaled Site Plan Drawing, showing exactly how and where you will store the vehicles, both inside and outside. Include dimensions for each space:	Not Provided.pdf 
Attach a Lease or other proof of access to your business location:	Not Provided.pdf 
Approval Conditions:	None
Docket #:	Docket #6963

**TERMS AND CONDITIONS**

**ACKNOWLEDGEMENT**

By clicking submit below I, the undersigned Applicant or Duly Authorized Agent, hereby state that all information provided on this application is true and accurate, and I understand that any information found to be false or misleading will result in the forfeiture of this license and may result in a one-year wait before a new application can be submitted, as well as criminal prosecution. I agree to adhere to any and all City ordinances, regulations, and conditions pertaining to this license, and I acknowledge that any violation of City ordinances, regulations, and conditions pertaining to this license could subject me and anyone operating under this license to arrest, fine, and/or loss of this license. I certify that the applicant, to my best knowledge and belief, has filed all State tax returns and paid all State taxes required under law.