



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

APPLICATION TO RENEW GARAGE LICENSE

2012

**CHRIS'S AUTO SERVICE
371 HIGHLAND AVE
SOMERVILLE, MA 02144**

License #: 638
City #G259
Fee: .00
Account ID: 523
Reference #: 638

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 CHRIS'S AUTO SERVICE Business Location: 371 HIGHLAND AVE Business Phone: 617-623-5200	
License Holder: CHRIS'S AUTO SERVICE 371 HIGHLAND AVE SOMERVILLE, MA 02144 617-623-5200	
Mailing Address: CHRIS'S AUTO SERVICE SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC)	
FID: 270210382	
Food Manager/Emergency Contact:	

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

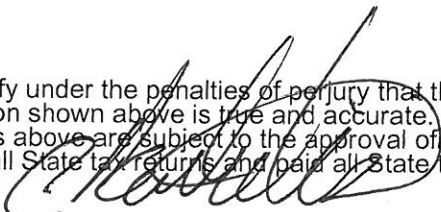
1 MECHANICAL REPAIRS	3 VEHICLES INSIDE
1 STORING VEHICLES	10 VEHICLES OUTSIDE
13 VEHICLES	

Description of Location and/or Other Conditions:

Originally Issued 12/22/2009. 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:  Date: 4/30/13
Print Name: Christos Pavlidis Phone: 617 623 5200

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: Chris's Auto Service
Address: 371 Highland Ave
City: Somerville State: MA Zip: 02144 Phone #: 617 623 5200

I am an employer with 1 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 Auto Repair shop

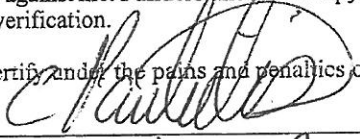
Workers' compensation insurance information (if applicable):

Insurance Company Name: Telamon
Address: ~~371 Highland Ave~~ 150 Wells Ave
City: Newton State: MA Zip: 02459 Phone #: 617 614 1218
Policy #: 1H-UB-4C21901-2-12 Expiration Date: 10/01/2013

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 year's 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:  Date: 3/27/13
Print Name: Christos Paulidis

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: Chris's Auto Service LLC
Address of taxpayer/applicant's business in Somerville: 371 Highland Ave Somerville
Address of taxpayer/applicant's home in Somerville: 1381 Centre West Roxbury MA
Taxpayer/applicant's phone: day: 617 623 5200 evening: _____

I, (print name) Christos Pavlidis, 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 Wednesday day of March 27th, 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: _____

7232 # 31602602 # 616 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: 13-27-13