

CITY OF SOMERVILLE  
MASSACHUSETTS  
OFFICE OF THE CITY CLERK

2  
D. J. Long

RENEWAL APPLICATION FOR GARAGE LICENSE

HAJIR VAKILI  
7 MELENDY DRIVE  
NORTH ANDOVER MA 01845

LIC #: 2009-063  
B.O.A.# 183114

\*\*\* ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR \*\*\*

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work:      Parking or Storing Vehicles: X  
Washing Vehicles: X Spray Painting:      Operating a Tow Vehicle:     

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13  
This Certificate must be signed and filed with the required fee of ~~\$300.00~~ not  
later than April 30, 2009. Use the enclosed envelope. 500-

Kindly fill in the information correcting any errors listed on our current records below. Please print or type your information, except for signature.

Company Name: NEEKA INC. D/B/A MANNY'S AUTO CENTER TEL: 1-617-623-8815  
Company Address: 00463 MCGRATH HWY

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual:      Co:      Corp: X Trust:      Agency      Gov't      Partner       
Ship      Other       
Owner Name: HAJIR VAKILI TEL: 671-406-9444  
Owner Address: 7 MELENDY DRIVE

Owner City: NORTH ANDOVER State: MA Zip: 01845  
FID#: 000937098

This renewal is being sent to you as a courtesy, please file on time. If this renewal is not returned to City Clerk's office by 04/30/2009, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*  
MONDAY-FRIDAY: 08:00 AM-08:00 PM  
SATURDAY: 08:00 AM-08:00 PM  
SUNDAY: 12:00 AM-06:00 PM

Very truly yours,

John J. Long  
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

\*\*\* GARAGE NOT OPEN TO THE PUBLIC \*\*\* LICENSE #: 2009-063  
FEE: ~~\$300.00~~  
500-

This is to certify: HAJIR VAKILI  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 03/22/1984

Garage situated at: 00463 MCGRATH HWY  
Doing business as : NEEKA INC. D/B/A MANNY'S AUTO CENTER  
Shall not exceed: 2 Vehicles Inside  
in addition the following restrictions apply:

NO AUTO BODY/NO PAINTING - WORK INSIDE BUILDING ONLY  
NO PARKING VEHICLES ON SIDEWALK OR ADJACENT STREETS  
NO SANDING

AMENDED ON #183114 04/12/2007

Approved on 4-24-08 by BOA 185425 CHANGED 2 AUTOS INSIDED NO AUTOS  
OUTSIDE.

CITY CLERK'S OFFICE  
2009 APR 12 12 01

This renewal certificate must be signed by the holder of the license.  
Check One: Owner      Occupant      Holder     

Hajir Vakili

Signature of Applicant

463 McGrath Hwy

Address

Somerville MA 02143  
City State Zip

\*\* Office Use Only \*\*  
Mailed       
Taken     

Received:       
City Clerk

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

*madhukar*

\* Signature of Individual or Corporate Name (Mandatory)

*madhukar* Treasurer

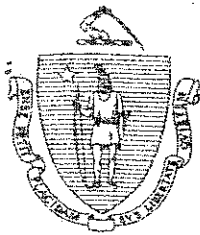
By: Corporate Officer (Mandatory, if a corporation)

TIN 203-77-4236

\*\* Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street, 7<sup>th</sup> Floor  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant Information:

Please PRINT legibly

name: Neeka Inc dba Manny's Autocenter  
 address: 463 McGrath HWY  
 city: Somerville state: MA zip: 02143 phone #: (617) 623-8815

work site location (full address): 463 McGrath Hwy Somerville, MA. 02143

- I am a sole proprietor and have no one working in any capacity. **Business Type:**  Retail  Restaurant/Bar/Eating Establishment  
 Office  Sales (including Real Estate, Autos etc.)  
 I am an employer with 3 employees (full & part time).  Other  
 I am an employer providing workers' compensation for my employees working on this job.

company name: Guard Insurance Group  
 address: 1 ADP Blvd  
 city: Roseland NJ 07068 phone #: 1-800-673-2465  
 insurance co. policy #: New 007755

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name:  
 address:  
 city: phone #:  
 insurance co. policy #:

company name:  
 address:  
 city: phone #:  
 insurance co. policy #:

Attach additional sheet if necessary

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: Nader Vakili Date: 4-4-10  
 Print name: Nader Vakili Phone #: 617 623 8815

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_  Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other \_\_\_\_\_

check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_  
 (revised Sept. 2003)



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

- 1. Exact name of taxpayer/applicant's business: Neeka Inc dba Manny's Autocenter
- 2. Address of taxpayer/applicant's business in Somerville: 463 McGrath Hwy
- 3. Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
- 4. Taxpayer/applicant's phone: day: (617) 623-8815 evening: Same

I, Nader Vakili, 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 \_\_\_\_\_, 20\_\_\_\_\_.  
(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: \_\_\_\_\_
- # 18563122      # 146043001      # 800526644      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: g

ORIGINAL STAMP:

**received**  
4-21-10