



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

2016 FEB 29 A 9:12

Application to Renew Garage License

REILLY, ALBERT
75 LAWRENCE STREET
CHARLESTOWN MA 02129

License #: BL15-000768
File #: 15-651
Fee: 605

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: REILLY'S GARAGE Business Location: 61 WASHINGTON ST Business Phone: 617-776-4779	
License Holder: REILLY, ALBERT 75 LAWRENCE STREET CHARLESTOWN MA 02129	
Mailing Address: REILLY, ALBERT 75 LAWRENCE STREET CHARLESTOWN MA 02129	
Business Type: Sole Proprietor ALBERT REILLY	
FID: 999999999	
Emergency Contact: ALBERT REILLY Phone: 617-519-4171	
Proposed Hours of Operation if outside standard hours: MO-FR 8AM-5:30PM, SA 8AM-4PM # of Vehicles Kept Inside: 2 # of Vehicles Kept Outside: 6 Open to the public? Yes Mechanical repairs? Yes Autobody work? Yes 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	

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.



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: REILLYS GARAGE

Address of taxpayer/applicant's business in Somerville: 63 WASHINGTON ST

Address of taxpayer/applicant's home in Somerville: NONE

Taxpayer/applicant's phone: day: 617 776 4729 evening: 617 519 4171

I, (print name) REILLYS GARAGE, 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 29 day of MARCH, 2016. Alfred Reilly
(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: _____

AA # JA # 1230 # ✓

NOTES:

CLERK'S INITIALS: JR **ORIGINAL STAMP:**



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: REILLYS GARAGE

Address: 68 WASHINGTON ST

City: SOMERVILLE

State: MA

Zip: 02143

Phone #: 617 776 4229

- ☐ 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

Policy #: _____

Expiration Date: _____

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: Albert Reilly Date: 2/29/2016

Print Name: ALBERT REILLY

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 _____