

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

CHAMBERS MOTORCARS/HERB CHAMBERS COMPANIES
259 MCGRATH HIGHWAY
SOMERVILLE MA 02145

LIC #: 2012-269
B.O.A.# 191617

*** 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 \$550.00 not
later than April 30, 2012. Use the enclosed envelope.

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: CHAMBERS MOTORCARS TEL: 614-666-8333
Company Address: 00071 LINWOOD ST

City: SOMERVILLE State: MA Zip: 02145

Check One: Individual Gov't Partner

Co: Corp: X Trust: Agency Ship Other

Owner Name: CHAMBERS MOTORCARS/HERB CHAMBERS COMPANIES TEL: 617-666-8333

Owner Address: 259 MCGRATH HIGHWAY

Owner City: SOMERVILLE State: MA Zip: 02145

FID#: 061335996

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 04/30/2012, please advise.

***** HOURS OF OPERSTIONS *****

MONDAY-FRIDAY: 08:00 AM-06:00 PM

SATURDAY: 08:00 AM-02:00 PM

SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

*** GARAGE NOT OPEN TO THE PUBLIC *** LICENSE #: 2012-269
FEE: \$550.00

This is to certify: CHAMBERS MOTORCARS/HERB CHAMBERS COMPANIES
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 12/20/2011

Garage situated at: 00071 LINWOOD ST

Doing business as : CHAMBERS MOTORCARS

Shall not exceed: 9 Vehicles Inside

in addition the following restrictions apply:

CITY CLERK'S OFFICE
APR 11 11:53
SOMERVILLE, MA

This renewal certificate must be signed by the holder of the license.

Check One: Owner ☒ Occupant Holder

[Signature]
Signature of Applicant

259 McGrath Highway
Address

Somerville MA 02145
City State Zip

** Office Use Only **

Mailed

Taken

Received:

City Clerk

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: Mercedes Benz of Boston
Somerville Address and Zip Code: 71 Linwood St
Phone Number of the Business: 617 666 4100

The Legal Name of the License Holder: Herb Chambers I-93 Inc
Street Address of the License Holder: 259 McGrath Highway
City, State and Zip Code of the License Holder: Somerville MA 02143
Phone Number of the License Holder: 617 666 4100
Email Address of the License Holder: TLIEU@HERBCHAMBERS.COM

Where We Should Send Mail: Name: Mercedes Benz of Boston
Street Address: 259 McGrath Highway
City, State and Zip Code: Somerville MA 02143
Email: TLIEU@HERBCHAMBERS.COM
Phone Number: 617 666 4100

Federal ID # (Do Not Give a Social Security #): 061335994

Emergency Contact and Phone (For Fire Dept. Use): JEFF DAVIS 617-666-4100

Type of Business (Check Only One and Give the Names Indicated):

Sole Proprietor: Name of Owner: _____

Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

Trust: Names of All Trustees Who Own More Than 10%: _____

☒ Corporation (inc. LLC): Name of President: Herbert G Chambers

Name of Secretary: JAMES A. DUCHESNEAU

Name of Treasurer: HERBERT G. CHAMBERS

Other (Attach a Description of the Form of Ownership and the Names of Owners) _____

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: _____

Date 4.3.12

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.

Herb Chambers I-93, Inc

* Signature of Individual or Corporate Name (Mandatory)

James L. Muchmoreau, VICE PRESIDENT

By: Corporate Officer (Mandatory, if a corporation)

06-1335996

** 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.



City of Somerville, Massachusetts
Finance Department, Treasury Division

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

CERTIFICATE OF GOOD STANDING

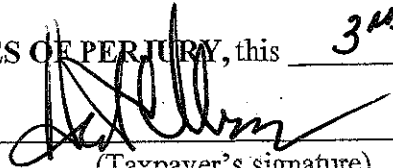
Exact name of taxpayer/applicant's business: Mercedes Benz of Boston

Address of taxpayer/applicant's business in Somerville: 259 McGrath Highway

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

Taxpayer/applicant's phone: day: 617 666 4180 evening: _____

I, (print name) Hebert G. Chambers, 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 3rd day of April, 20 12.

(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: _____

11358084 # 14505100 # 815 # _____

NOTES: 9607 14505200
14503100

CLERK'S INITIALS: 

ORIGINAL STAMP:



RECEIVED

4-11-12



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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: Mercedes Benz of Boston
address: 259 McGrath Highway
city: Somerville state: MA zip: 02143 phone #: 617-666-4100

work site location (full address):

- ☐ 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 100 employees (full & part time). ☐ Other
☐ I am an employer providing workers' compensation for my employees working on this job.

company name: Mercedes Benz of Boston
address: 259 McGrath Highway
city: Somerville phone #: 617-666-4100
insurance co. Liberty Mutual policy #: WC 7-111-257840-026

- ☐ 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: Herbert G. Chambers Date: 4.3.12
Print name: HERBERT G. CHAMBERS Phone #: 617-666-4100

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

city or town: permit/license # ☐ Building Department

☐ check if immediate response is required

contact person: phone #: ☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other

(revised Sept. 2003)