

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

ADNAN DAHAN
12 GREENOCK LANE
NASHUA

NH 03062

LIC #: 2011-217
B.O.A.# 185734

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: Parking or Storing Vehicles:
Washing Vehicles: 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 \$500.00 not
later than April 30, 2011. 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: CITY AUTO SERVICE TEL: 617-776-0838
Company Address: 00013 B JOY ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: Co: Corp: X Trust: Agency Gov't Partner
Ship Other
Owner Name: ADNAN DAHAN TEL: 617-201-4206
Owner Address: 12 GREENOCK LANE

Owner City: NASHUA State: NH Zip: 03062
FID#: 261183984

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 04/30/2011, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 09:00 AM-05:00 PM
SATURDAY: 03:00 AM-05:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2011-217
FEE: \$500.00

This is to certify: ADNAN DAHAN
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 12/09/1999
Garage situated at: 00013 B JOY ST
Doing business as : CITY AUTO SERVICE
Shall not exceed: 2 Vehicles Inside & 4 Vehicles Outside, not on public ways
in addition the following restrictions apply:

- A. All VEHICLES serviced by the license holder shall be serviced inside the building and not on any public or private way. All vehicles shall be stored within property lines.
- B. AN UP DATED CERTIFICATE OF OCCUPANCY TO BE ISSUED BY THE INSPECTIONAL SERVICES DEPT. (IF REQUIRED).
- C. NO Blocking of the sidewalk or any public way with snow removal periods.
- D. No vehicles are to be parked along Joy St..

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

Check One: Owner X Occupant Holder

Adnan Dahan
Signature of Applicant

12 Greenock Lane
Address

Nashua M.H. 03062
City State Zip

** Office Use Only **
Mailed
Taken
Received: _____
City Clerk

CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 APR 15 10:00

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.

city Auto service inc
* Signature of Individual or Corporate Name (Mandatory)

Adrian Salas President
By: Corporate Officer (Mandatory, if a corporation)

261 183984
** 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: City Auto Service

Address of taxpayer/applicant's business in Somerville: 13 B Joy Street, Somerville

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

Taxpayer/applicant's phone: day: 617-776-0838 evening: _____

I, (print name) _____, 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 14 day of

April, 20 11.

[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: _____

20663009 # 145056001 # _____ # _____

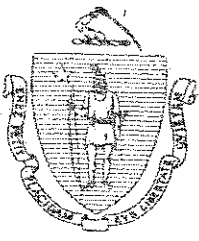
NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received
UBWray

4-14-11



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: city Auto service INC.

address: 13 R Joy st.

city Somerville state: MA. zip 02143 phone # 617-776-0838

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 2 employees (full & part time). Other

I am an employer providing workers' compensation for my employees working on this job.

company name:

address:

city: phone #:

insurance co. NorGuard Ins. policy # CSW026163

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 Adnan Dahan Date _____

Print name ADNAN DAHAN Phone # 617-776-0838

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 Licensing Board

contact person: phone #: Selectmen's Office

(revised Sept. 2003) Health Department Other