27415542014900000958900000550004

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

APPLICATION TO RENEW GARAGE LICENSE

LEINS AUTO REPAIR INC.
65 BOW ST
SOMERVILLE, MA 02143

License #: **591**
City #G13
Fee: **550.00**
Account ID: **479**
Reference #: **591**

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: **LEINS AUTO REPAIR** Business Location: **69 BOW ST** Business Phone: **617-623-9000**	
License Holder: **LEINS AUTO REPAIR INC.** **65 BOW ST** **SOMERVILLE, MA 02143** **617-623-9000**	2014 APR -8 P 12:36 CITY CLERK'S OFFICE SOMERVILLE, MA
Mailing Address: **LEINS AUTO REPAIR INC.** **65 BOW ST** **SOMERVILLE, MA 02143**	
Business Type: **CORPORATION (INC. LLC)** **PRESIDENT - LUIS LEINS** **SECRETARY - LUIS LEINS** **TREASURER - LUIS LIENS**	
FID: **542080683**	
Food Manager/Emergency Contact: **LUIS LEINS**	

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
2 VEHICLES INSIDE
8 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:
Originally Issued 2/13/1919. 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 4-7-14

Print Name: Luis Leins Phone 617-623-9000

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: Lains Auto Repair Inc

Address: 65 1/2 Bow St

City: Somerville State: MA Zip: 02143 Phone #: 617-623-9000

- ☐ 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: Utica Mutual Ins. Co.

Address: 180 Genesee St.

City: New Hartford State: NY Zip: 13413 Phone #: 781-322-8350

Policy #: 4265993 Expiration Date: 11-25-2014

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: _____ Date: 4-7-14

Print Name: Luis Liesing

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ *Permit/License #:* _____

- ☐ *Board of Health*
- ☐ *Building Department*
- ☐ *City/Town Clerk*
- ☐ *Licensing Board*
- ☐ *Selectmen's Office*
- ☐ *Other* _____

Contact Person: _____ *Phone #:* _____

(revised Jan. 2008)

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Leins Auto Repair Inc.

Address of taxpayer/applicant's business in Somerville: 69-70 Bow St

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

Taxpayer/applicant's phone: day: 617-623-9600 evening: _____

I, (print name) Luis E. Leins, 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 7 day of APRIL, 20 14. _____
(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: ___

958 80
~~1653783~~ # 23205800 # ~~30052442~~ # _____

NOTES:

CLERK'S INITIALS: SK **ORIGINAL STAMP:** RECEIVED 4-8-14 SK

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/17/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Prescott and Son Insurance Agency, Inc.
963 Eastern Avenue
Malden MA 02148

CONTACT NAME: Commercial Lines
PHONE (A/C, No, Ext): (781) 322-2350 FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Utica Mutual Ins Co	25976
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
LEINS AUTO REPAIR, INC.
65 1/2 BOW STREET
SOMERVILLE MA 02143

COVERAGES CERTIFICATE NUMBER: CL1431718310 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	POLICY PRO-JECT LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU-TORY LIMITS OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH)	N/A		4265993	11/25/2013	11/25/2014	E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER
City of Somerville
City Hall
Somerville, MA 02145

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
J S Scholnick/SJG