



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

2016 MAR 24 12 3:43

Application to Renew Garage License

CITY CLERK'S OFFICE
SOMERVILLE, MA

GEMICAR INC
9 UNION SQ
SOMERVILLE MA 02143

License #: BL15-000767
File #: 15-650
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: TECH AUTO BODY Business Location: 9 UNION SQ Business Phone: 617-628-0232	
License Holder: GEMICAR INC 9 UNION SQ SOMERVILLE MA 02143	
Mailing Address: GEMICAR INC 9 UNION SQ SOMERVILLE MA 02143	
Business Type: Corporation GEORGE MIHOS GEORGE MIHOS GEORGE MIHOS	
FID: 043356068	
Emergency Contact: GEORGE MIHOS Phone: 617-650-1819	
Proposed Hours of Operation if outside standard hours: MO-FR 8AM-6PM, SA 8AM-2PM # of Vehicles Kept Inside: 3 # of Vehicles Kept Outside: 5 Open to the public? Yes Mechanical repairs? No Autobody work? Yes Spray Painting? Yes 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.



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: GEMILAR, INC d/b/a TECH AUTO BODY
Address of taxpayer/applicant's business in Somerville: 9 UNION SQUARE
Address of taxpayer/applicant's home in Somerville: 9 UNION SQUARE
Taxpayer/applicant's phone: day (617) 628-0232 evening: (617) 650-1819

I, (print name) GEMILAR, INC d/b/a TECH AUTO BODY 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 2nd day of March, 20 16. George Mihos (President) (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: _____

15327 # 12 307900# 1168 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP: **received**
UB
3-24-16

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: GEMICAR, INC D/B/A TECH AUTO BODY
Address: 9 UNION SQUARE
City: SOMERVILLE State: MA Zip: 02143 Phone #: (617) 628-0232

- I am an employer with 4 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 Auto Body Repairs

Workers' compensation insurance information (if applicable):

Insurance Company Name: TRAVELERS INSURANCE Co
Address: P.O BOX 1450
City: MIDDLEBORO State: MA Zip: 02344 Phone #: 1-800-832-7839
Policy #: 6HVB-95816-7-15 Expiration Date: 11-4-16

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: [Handwritten Signature] Date: 3/21/2016
Print Name: GEORGE MIHOS (President)

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 _____

(revised Jan. 2008)