

\$500⁻ per

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

CITY CLERK'S OFFICE
SOMERVILLE MA
2010 SEP 23 P 12:50

HAJIR VAKILI
7 MELENDY DRIVE 01867
~~NORTH ANDOVER~~ MA 01845

LI #: 2010-063
B.O.A.# 183114

Reading *** 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.A. Chp. 148 Sec 13
This Certificate must be signed and filed with the required fee of \$500.00 not later than April 30, 2010. 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: NEEKA INC. D/B/A MANNY'S AUTO CENTER TEL: 1-617-623-8815
Company Address: 00463 MCGRATH HWY

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: Co: Corp: X Trust: Agency Gov't Partner
Ship Other
Owner Name: HAJIR VAKILI TEL: 671-406-9444
Owner Address: 7 MELENDY DRIVE

Owner City: ~~NORTH ANDOVER~~ *Reading* State: MA Zip: ~~01845~~ 01867
FID#: 000937098

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 04/30/2010, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-08:00 PM
SATURDAY: 08:00 AM-08:00 PM
SUNDAY: 12:00 AM-06:00 PM

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
*** GARAGE NOT OPEN TO THE PUBLIC ***

LICENSE #: 2010-063
FEE: \$500.00

This is to certify: HAJIR VAKILI
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 03/22/1984

Garage situated at: 00463 MCGRATH HWY
Doing business as : NEEKA INC. D/B/A MANNY'S AUTO CENTER
Shall not exceed: 2 Vehicles Inside

in addition the following restrictions apply:

NO AUTO BODY/NO PAINTING - WORK INSIDE BUILDING ONLY
NO PARKING VEHICLES ON SIDEWALK OR ADJACENT STREETS
NO SANDING

AMENDED ON #183114 04/12/2007

Approved on 4-24-08 by BOA 185425 CHANGED 2 AUTOS INSIDED NO AUTOS OUTSIDE.

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

Check One: Owner Occupant Holder

Hajir Vakili
Signature of Applicant

463 McGrath Hwy
Address

Somerville MA 02143
City State Zip

** Office Use Only **
Mailed
Taken
Received: CK 5563
\$500 -
City Clerk

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.

nodis calant

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

Tax ID 203 77 4236

** 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

- 1. Exact name of taxpayer/applicant's business: Neelka Inc
- 2. Address of taxpayer/applicant's business in Somerville: 463 McGrath HWY
- 3. Address of taxpayer/applicant's home in Somerville: _____
- 4. Taxpayer/applicant's phone: day: 617-623-8815 evening: 617-623-8815

I, Nader Vakili, 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 _____ day of _____, 2009.
Nader Vakili
(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: _____
- # 18563122 # 14604800 / 80056644 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: **received**
11-9-2009 10



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: Neeke Inc
 address: 463 McGraith HWY
 city: Somerville state: MA zip: 02143 phone # _____

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

company name: Neeke Inc
 address: 463 McGraith HWY
 city: Somerville, MA 02143 phone #: 617 623 8815
 insurance co: Guard Insurance Group policy # NEWC007755

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 Nader Vakili Date _____
 Print name Nader Vakili Phone # 617-623-8815

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

city or town: _____ permit/license # _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____
 check if immediate response is required
 contact person: _____ phone #: _____
 (revised Sept. 2003)