

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

VILMAR MIRANDA CAMPOS
5 GLEN ROAD #210
STONEHAM MA 02180

LIC #: 2010-044
B.O.A.# 183352

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: X Parking or Storing Vehicles: X
Washing Vehicles: X Spray Painting: X Operating a Tow Vehicle: X

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 no
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: ORIGINAL AUTO BODY AND MECHANIC, INC. TEL: 617-776-5566
Company Address: 00012 -00016 JOY ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Ship ___ Gov't ___ Partner ___ Other ___
Owner Name: VILMAR MIRANDA CAMPOS TEL: 781-438-5273
Owner Address: 5 GLEN ROAD #210 857-312-2153

Owner City: STONEHAM State: MA Zip: 02180
FID#: 450555602

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-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 OPEN TO THE PUBLIC --

LICENSE #: 2010-044
FEE: \$500.00

This is to certify: VILMAR MIRANDA CAMPOS
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 10/29/1958

Garage situated at: 00012 -00016 JOY ST
Doing business as : ORIGINAL AUTO BODY AND MECHANIC, INC.
Shall not exceed: 8 Vehicles Inside & 2 Vehicles Outside, not on public ways
in addition the following restrictions apply:
APPROVED AS AMENDED: 8 VEHICLES INSIDE, 2 VEHICLE OUTSIDE
BOA #183352, DATED 05/10/2007

2010 JUN 10 10 A 9 47
CITY CLERK'S OFFICE
SOMERVILLE, MA

This renewal certificate must be signed by the holder of the license
Check One: Owner ___ Occupant ___ Holder ___

Vilmar Miranda Campos
Signature of Applicant
5 Glen RD #210
Address
STONEHAM - MA 02180
City State Zip

** Office Use Only **
Mailed ___
Taken ___
Received: 6/10/10 CR #419
\$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.

Valmor Oliveira Camp

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

450555602

** 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.



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: VILMAR MIRANDA CAMPOS
 address: 5 GLEN RD #210
 city: STONEHAM state: MA zip: 02180 phone # (857) 312-2153

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: ORIGINAL AUTO BODY AND MECHANIC INC.
 address: 12-16 JOY ST
 city: STONEHAM - MASS phone #: (857) 312-2153
 insurance co. NORQUARD INS. CO policy # ORINC 004125

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 year's 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 Vilmar Miranda Campos Date 6/10/10
 Print name VILMAR MIRANDA CAMPOS Phone # (857) 312-2153

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)



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: ORIGINAL AUTO BODY.
- 2. Address of taxpayer/applicant's business in Somerville: 12-16 JOY ST
- 3. Address of taxpayer/applicant's home in Somerville: 59 LEN RD #210 STONEHAM-MA 02180
- 4. Taxpayer/applicant's phone: day: (857) 312-2153 evening: _____

I, VILMAR M. CAMPOS, 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 _____, 20____. Vilmar M. Campos
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

- Real Estate # 20677155
- Water/Sewer # 14502001
- Personal Property # NO ACC
- Other: _____ # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: **received**
6-5-26-11