

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

ANTONIO M. MARTINS
103 WASHINGTON ST., #1
SOMERVILLE MA 02143

LIC #: 2012-232
B.O.A.# 179943

*** 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 \$550.00 not
later than April 30, 2012. 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: COUNTY AUTO REPAIR, INC. TEL:
Company Address: 00107 WASHINGTON ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Ship ___ Other ___
Owner Name: ANTONIO M. MARTINS TEL: 617-628-7115
Owner Address: 103 WASHINGTON ST., #1

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 202704235

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 04/30/2012, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 09:00 AM-05:00 PM
SATURDAY: 08:00 AM-12:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC -- LICENSE #: 2012-232
FEE: \$550.00

This is to certify: ANTONIO M. MARTINS
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 11/22/2005

Garage situated at: 00107 WASHINGTON ST
Doing business as : COUNTY AUTO REPAIR, INC.
Shall not exceed: 4 Vehicles Inside

in addition the following restrictions apply:
APPROVED AS AMENDED: 1. HOURS OF OPERATION
2. NO SPRAY PAINTING

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

Antonio Martins
Signature of Applicant

Address

City State Zip

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

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: County Auto Repair Inc.
Somerville Address and Zip Code: 103 Washington St. 02143
Phone Number of the Business: 617-628-3600

The Legal Name of the License Holder: Antonio Martins
Street Address of the License Holder: 107 Washington St
City, State and Zip Code of the License Holder: Somerville, MA 02143
Phone Number of the License Holder: 617-440-5646
Email Address of the License Holder: Antinhamartins26@Hotmail.com

Where We Should Send Mail: Name: Antonio Martins
Street Address: 103 Washington St
City, State and Zip Code: Somerville MA 02143
Email: Antinhamartins26@Hotmail.com
Phone Number: 617-440-5646 or 617 628-3600

Federal ID # (Do Not Give a Social Security #): 202-704-235

Emergency Contact and Phone (For Fire Dept. Use): Remata Martins 857-249-3268

Type of Business (Check Only One and Give the Names Indicated):
 Sole Proprietor: Name of Owner: _____
 Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: Antonio machado martins, Antonio machado martins Filho
 Trust: Names of All Trustees Who Own More Than 10%: _____

 Corporation (inc. LLC): Name of President: _____
Name of Secretary: _____
Name of Treasurer: _____
Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Antonio Martins Date _____



**The Commonwealth of Massachusetts
William Francis Galvin**

Secretary of the Commonwealth, Corporations
Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

COUNTY AUTO REPAIR, INC. Summary Screen

[?](#)
Help with this form

Request a Certificate

The exact name of the Domestic Profit Corporation: COUNTY AUTO REPAIR, INC.

Entity Type: Domestic Profit Corporation

Identification Number: 202704235

Date of Organization in Massachusetts: 04/20/2005

Current Fiscal Month / Day: 12 / 31

The location of its principal office:

No. and Street: 103 WASHINGTON ST
City or Town: SOMERVILLE State: MA Zip: 02143 Country: USA

If the business entity is organized wholly to do business outside Massachusetts, the location of that office:

No. and Street:
City or Town: State: Zip: Country:

Name and address of the Registered Agent:

Name: ANTONIO M MARTINS
No. and Street: 103 WASHINGTON ST
City or Town: SOMERVILLE State: MA Zip: 02145 Country: USA

The officers and all of the directors of the corporation:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code	Expiration of Term
PRESIDENT	ANTONIO M MARTINS	107 WASHINGTON ST SOMERVILLE, MA 02143 USA	
TREASURER	ANTONIO M MARTINS	107 WASHINGTON ST SOMERVILLE, MA 02143 USA	
SECRETARY	ANTONIO M MARTINS	107 WASHINGTON ST SOMERVILLE, MA 02143 USA	

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.

Antoine Defats

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

202-704-235

** 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.



Bankrupt
12/11
Case

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: County auto Repair

Address of taxpayer/applicant's business in Somerville: 103 Washington St

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

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) Antonio Martins, 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____. _____
(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: _____

_____ # 109111001 # 1286 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP: _____

 **RECEIVED**
UR
4-26-13



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: Antonio martins
 address: 103 Washington St
 city: Somerville state: MA zip: 02143 phone # 617-628-3600

work site location (full address): 103 Washington St, Somerville MA 02143

- 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 _____ 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. _____ policy # _____

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: Antonio Martins Date: 4/26/13

Print name _____ Phone # _____

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)