



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

APPLICATION TO RENEW GARAGE LICENSE

**HERBERT CHAMBERS I-93, INC.
259 MCGRATH HWY
SOMERVILLE, MA 02143**

License #: 707

City #G269

Fee: 550.00

Account ID: 589

Reference #: 707

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: MERCEDES BENZ OF BOSTON Business Location: 71 LINWOOD ST Business Phone: 617-666-4100	
License Holder: HERBERT CHAMBERS I-93, INC. 259 MCGRATH HWY SOMERVILLE, MA 02143 617-666-4100	
Mailing Address: HERBERT CHAMBERS I-93, INC. 259 MCGRATH HWY SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - HERBERT CHAMBERS TREASURER - HERBERT CHAMBERS SECRETARY - JAMES DUCHESNEAU	
FID: 061335996	
Food Manager/Emergency Contact: JEFF DAVIS	

2014 APR - 1 P 2:46
CITY CLERK'S OFFICE
SOMERVILLE, MA

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**

NOT OPEN TO THE PUBLIC

- | | |
|----------------------|--------------------|
| 1 MECHANICAL REPAIRS | 1 WASHING VEHICLES |
| 1 STORING VEHICLES | |
| 9 VEHICLES INSIDE | |

Description of Location and/or Other Conditions:

Originally Issued 12/20/2011. No Auto Body. No Spray Painting. 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: *Herbert G Chambers*

Date

3/28/14

Print Name: Herbert G Chambers

Phone

617-666-4100



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Herb Chambers F-93 Inc

Address of taxpayer/applicant's business in Somerville: 259 McCraith Highway

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

Taxpayer/applicant's phone: day: 617 666 4180 evening: _____

I, (print name) Herbert G Chambers, 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 28th day of March, 20 14. [Signature]
(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: _____

9775 # 145061001 # _____ # _____

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP:



RECEIVED
4-1-14 JIK

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: Herb Chambers I-93 Inc
Address: 259 McBrath Highway
City: Somerville State: MA Zip: 02149 Phone #: (617) 666-4100

- ☒ I am an employer with (12) 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: USI New England Travelers Ins
Address: PO Box 1450
City: Middleboro State: MA Zip: 02344 Phone #: 800-832-7439
Policy #: TC2KURID1254913 Expiration Date: 9/30/14

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: [Signature] Date: 3/20/14
Print Name: Herbert G Chambers

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 _____