



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

\$550 PAID  
12/17/14

2014 DEC 16 P 4:44

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**APPLICATION TO RENEW GARAGE LICENSE**

**TOP CARS OF BOSTON LLC  
INMAN MOTOR SALES OF SOMERVILLE  
39 WEBSTER AVE  
SOMERVILLE, MA 02143**

License #: 1071  
City #NA  
Fee: 550.00  
Account ID: 844  
Reference #: 1071

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: <b>INMAN MOTORS SALES OF SOMERVILLE</b> Business Location: <b>463 MCGRATH HWY</b> Business Phone: <b>617-666-2727</b>	
License Holder: <b>TOP CARS OF BOSTON LLC INMAN MOTOR SALES OF SOMERVILLE 39 WEBSTER AVE SOMERVILLE, MA 02143 617-666-2727</b>	
Mailing Address: <b>TOP CARS OF BOSTON LLC INMAN MOTOR SALES OF SOMERVILLE 39 WEBSTER AVE SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC) MANAGER - SALOMAO JUNIOR</b>	
FID: <b>830502675</b>	
Food Manager/Emergency Contact: <b>SALOMAO JUNIOR 617-301-3918</b>	

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**

**4 VEHICLES INSIDE**

Description of Location and/or Other Conditions:

**No Mechanical Repairs. No Auto Body. No Spray Painting. No Washing Vehicles. 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: *Lenesa Cristina Santos* Date \_\_\_\_\_

Print Name: *Lenesa Cristina Santos* Phone \_\_\_\_\_



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Top Cars of Boston LLC D/B/A Emma Motors of Somerville

Address of taxpayer/applicant's business in Somerville: 463 McGrath Hwy

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: (617) 464-3802 evening: (617) 464-3803

I, (print name) Salomao Silveira Jr., 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 11 day of November, 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: \_\_\_\_\_

# 98880 # 146043001 # \_\_\_\_\_ # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:



UBAman  
11-21-14



**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: Top Cars of Boston LLC D/B/A Luman Motors of Somerville

Address: 463 McGrath Hwy

City: Somerville State: MA Zip: 02143 Phone #: (617) 764-3802 / (617) 764-3803

- ☒ I am an employer with 2 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: Travelers Indemnity Co

Address: PO Box 3556

City: Orlando State: Florida Zip: 32802 Phone #: 1-800-443-4404

Policy #: 2E45672014 Expiration Date: 09/17/15

**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: 11/11/14

Print Name: SALOMOO S JUNIOR

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 \_\_\_\_\_