

# CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

# APPLICATION TO RENEW GARAGE LICENSE

License #:

778

PINEROS, EDGAR PO BOX 75 EAST BOSTON, MA 02128

Fee:

City #G113 550.00

Account ID:

660

Reference #:

778

Review and update the information below. <u>If you have workers compensation insurance</u>, 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: METRO AUTO REPAIR Business Location: 47 WEBSTER AVE Business Phone: 617-629-4700		
License Holder: PINEROS, EDGAR O. METRO AUTO REPAIR 46 HANCOCK STREET, APT. #2 CHELSEA, MA 02150 617-629-4700		
Mailing Address: PINEROS, EDGAR PO BOX 75 EAST BOSTON, MA 02128		
Business Type: SOLE PROPRIETORSHIP OWNER - EDGAR PINEROS		
FID: 999999999		
Food Manager/Emergency Contact: EDGAR PINEROS 617-429-2376		

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

### **OPEN TO THE PUBLIC**

- 1 MECHANICAL REPAIRS
  - STORING VEHICLES
- **6 VEHICLES OUTSIDE**

14 VEHICLES INSIDE

Description of Location and/or Other Conditions:

Originally Issued 12/9/1982. No Vehicles Parked On Sidewalk Or Street. 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 accurateAny changes above are subject to the approval of the BOARD OF A -I have filed all State tax returns and paid all State taxes required by I	LDERMEN.
Signature:	Date
Print Name:	Phone



# City of Somerville, Massachusetts Finance Department, Treasury Division

# CERTIFICATE OF GOOD STANDING

CL	MIIII CHILD OF O			
Exact name of taxpayer/app	plicant's business: ME	TEO ANTOREGAIR	EDGAR PINTROS AV. SOMEUI (18 MA. 02143	
			02/43	
Address of taxpayer/applic	ant's home in Somervill	e:	10.00.00	
Taxpayer/applicant's phone	e: day: 61742923	16 evening: 6174	1292316	
I, (print name) EPGAR PINEROS, 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: False Alarms	
# 15961	# 124071001	# 1321	# 210°, ~	
NOTES:			RECEIVEDO /	
CI EDE'S INITIALS		ORIGINAL STAMP:	4/25/14	

# 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: EDGAR, O, PINERO	<u>s</u>
Address: 133 PRINCETON, SI	<i>t</i>
City: E. Boston State: MA	Zip: 02128 Phone #: 6/7 4292376
☐ I am an employer with employees Business ? (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.	Retail Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Entertainment Manufacturing Health Care V Other AVIO MECHANICAL
Workers' compensation insurance information (if applicable)	15
Insurance Company Name:	
Address:	
City: State:	Zip: Phone #:
Policy #:	Expiration Date:
Applicant certification:	
Failure to secure coverage as required under Section 25A of MGL to \$1,500.00 and/or one years' imprisonment as well as civil per \$100.00 a day against me. I understand that a copy of this statement for coverage verification.	nalties in the form of a STOP WORK ORDER and a fine of
I do hereby certify under the pains and penalties of perjury that ti	ne information provided above is true and correct.
Signature: Edgar Pineros	Date: 3/2 /14
Print Name: EDBAR PINERO	
Official use only. Do not write in this area.	To be completed by city or town official.
City or Town: Permit/License #:	Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office
Contact Person: Phone #:	

(revised Jan. 2008)