

2015 SEP -2 P 3: 29

# GARAGE LICENSE APPLICATION

CITY CLERK'S OFFICE  
SOMERVILLE, MA

Nonrefundable Application Fee \$550.00

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>9/2/15</u>
Amount Paid	<u>\$550.00</u>

Date July 22<sup>ND</sup> 2015

- New Application *For the storage of 6 vehicles inside*
- Renewing Application with Additions or Changes *25 vehicles outside*
- Renewing Application with NO Additions or Changes

Business (DBA) Name: ABJ AUTO REPAIR Phone: 617. 625. 6632

Business Address (in Somerville): 91 MARSHALL STREET 02145

Applicant's Federal Employer Identification Number: \_\_\_\_\_

Applicant's Legal Name: THE MAD AUTO GROUP, INC

Mailing Name (who we should send correspondence to): \_\_\_\_\_

Mailing Address (with Zip Code): 91 Marshall St Somerville 02145

Emergency Contact: EDISON CHAE Phone: 617. 721. 6464

Type of Business (Check Only One and Provide the Names Indicated):

**Sole Proprietor:** Name of Owner: \_\_\_\_\_

**Partnership (inc. LLP):** Name of Partnership: \_\_\_\_\_  
Names of All Partners Who Own More Than 10%: \_\_\_\_\_

**Trust:** Name of Trust: \_\_\_\_\_  
Names of All Trustees Who Own More Than 10%: \_\_\_\_\_

**Corporation:** Name of Corporation: The Mad Auto Group, Inc  
Name of President: EDISON B. CHAE  
Name of Secretary: MARLA J. CHAE Name of Treasurer: MARLA J. CHAE

**LLC:** Name of LLC: \_\_\_\_\_  
Names of All Managers Who Own More Than 10%: \_\_\_\_\_

**Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Business (DBA) Name: ABJ AUTO Repair

- 1. Will you be open to the public at this location? Y  N
- 2. Will you be doing mechanical repairs of vehicles at this location? Y  N
- 3. Will you be doing autobody work on vehicles at this location? Y  N
- 4. Will you be spray painting vehicles or parts at this location? Y  N
- 5. Will you be washing vehicles at this location? Y  N
- 6. Will you be charging money to park vehicles at this location? Y  N
- 7. Will you be storing registered vehicles at this location? Y  N
- 8. Will you be storing unregistered vehicles at this location? Y  N
- 9. Will you be operating a tow vehicle at this location? Y  N

Have you ever obtained a garage license before? Y  N   
If yes, list year, city and state NO

Have you ever been denied a garage license? Y  N   
If yes, list year, city and state N/A

Have you ever had a garage license revoked or suspended? Y  N   
If yes, list year, city and state N/A

I request permission to store \_\_\_ vehicles inside the building, and \_\_\_ vehicles on the parking lot.  
Attach a scaled site plan drawing of your property, showing exactly where you will store each of the vehicles you wish to park on the premises. Include a plan for both the inside of the building and the outside parking lot. Include the dimensions for each space.

The hours of operation for garages are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:  
yes

**ACKNOWLEDGEMENT**

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on April 30, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. 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.

Signature of Applicant: [Signature] Date 7/22/15  
Business Name: The Med Auto group, Inc DBA - ABT Auto Repair  
Business Address: 91 Marshall St. Somerville MA 02145

**INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:**

The building located at the premises mentioned above is in a RB Zone.

- The use is permitted as of right
- The use requires a special permit
- The use is prohibited

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the State Building Code. (NOTE: This statement is NOT a certificate of occupancy, nor does it replace the requirement for a certificate of occupancy.)

Maximum number of motor vehicles to be kept on the premises: \_\_\_\_\_ inside  
\_\_\_\_\_ outside

Signature: [Signature] Date: 8/20/15  
Print Name: John Driscoll Title: Local Inspector

**FIRE PREVENTION BUREAU RECOMMENDATION**

I have inspected the premises mentioned above and based on my inspection:

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the Fire Safety Code. (NOTE: This statement is NOT a storage of flammables permit, nor does it replace the requirement for a storage of flammables permit.)

- A 148 sec. 13 License is required
- A 148 sec. 13 License is NOT required

Signature: [Signature] Date: 9/2/15  
Print Name: LT ROBERT MACDONALD Title: COMPLIANCE

# PEARL STREET

NON ABJ LOT

FENCE

1 2 3 4 5 6 7 8 9  
10 11 12 13 14 15 16 17

MARSHALL STREET

18

19

20

21

ABJ GARAGE

25

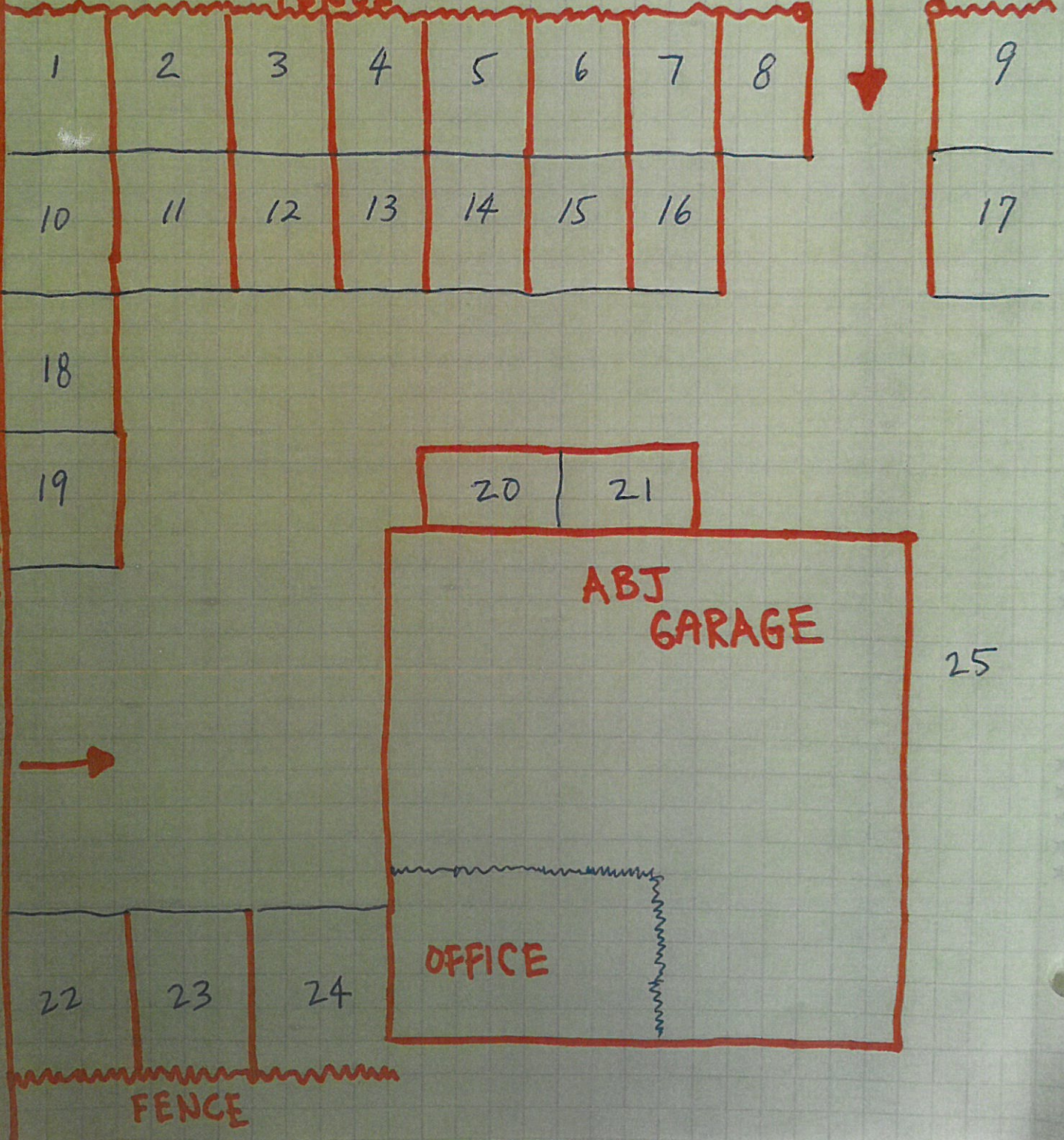
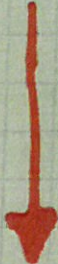
OFFICE

22

23

24

FENCE





CITY OF SOMERVILLE, MASSACHUSETTS

Treasury Department

JOSEPH A. CURTATONE

MAYOR

CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: \_\_\_\_\_

BUSINESS LOCATION: 91 Marshall St. AND/OR \_\_\_\_\_

TAXPAYER'S HOME ADDRESS: 22 STINSON ROAD ANDOVER 01810 MA

TAXPAYER/APPLICANT PHONE: DAY: 617 625.6632 EVENING: 617.721.6464

BUSINESS NAME: THE MAD AUTO GROUP, INC D/B/A: ABJ Auto Repair

BUSINESS ID NUMBER: 001165507 BUSINESS PHONE: 617.625.6632

I (print name) EDISON B. CHANE, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville 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 19 day of August, 2015. [Signature] (Taxpayer's Signature)

DATE OF ISSUANCE: \_\_\_\_\_ CITY'S ACKNOWLEDGEMENT

TAXES AND ACCOUNT NUMBER(S)

\*\*REAL ESTATE ID NA

\*\*WATER/SEWER ID NA

\*\*PERSONAL PROPERTY NA

\*\*OTHER \_\_\_\_\_

NOTES:

CLERKS INITIALS: [Signature]

BUSINESS or BUILDING PERMIT

ORIGINAL STAMP



[Signature]  
RECEIVED  
8-19-15

**The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, Mass. 02111**

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:**

Name: ABJ Auto Repair / MAD AUTO group, Inc.

Address: 91 Marshall St

City: Somerville State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

- I am an employer with 10 employees (full and/or part time). **Business Type:**
- 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  
 Other \_\_\_\_\_

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: SEE ATTACHED

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**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: 9/2/15

Print Name: EDISON B. CAHILL

*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 \_\_\_\_\_

(revised Jan. 2008)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/02/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Brady S. Michals Insurance Agency, Inc. 85 Main Street Watertown, MA 02472 James Julian	<b>CONTACT NAME:</b> James Julian <b>PHONE (A/C, No, Ext):</b> 617-924-1100 <b>E-MAIL ADDRESS:</b> james@michalsinsurance.com	<b>FAX (A/C, No):</b> 617-926-2162
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> The Mad Auto Group Inc. 91 Marshall Street Somerville, MA 02145-2951	<b>INSURER A:</b> The Travelers Ins. Co.	<b>15318</b>
	<b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	UB7F051092	04/01/2015	04/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**RE: Operations of The Named Insured**

<b>CERTIFICATE HOLDER</b>  City of Somerville 93 Highland Ave. Somerville, MA 02143	<b>CITY OF S</b>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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