

GARAGE LICENSE APPLICATION

Application Fee \$500.00 2010 SEP -3 P 12: 26

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 9/7/10

Amount Paid \$500.00 + 75

Date 9/1/10 CITY CLERK'S OFFICE
SOMERVILLE, MA

New Application

For the storage of _____ vehicles inside

Renewing Application with Additions or Changes

_____ vehicles outside

Renewing Application with NO Additions or Changes

Business Name: Teddy's Foreign MOTORS Phone: 617-484-4642

Business DBA Name (if applicable): ELEFTHERIOS MIARIS AKA Teddy MIARIS

Address with Zip Code: 86 JOY ST. Box 3 Somerville MA

Tax Identification Number: 030-58-2626 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): _____

TEL: 781-273-1055

Address with Zip Code: George KATSARAKIS 56 Middlesex Turnpike suite 250
Burlington MA 01803

Property Owner Name: Joy St. United Partnership Phone: 617-625-2572

Address with Zip Code: 86 JOY ST. Somerville, MA
ATTN Louise Maxwell

Emergency Contact 1: Teddy MIARIS Phone: 781-935-0308

Emergency Contact 2: _____ Phone: _____

Type of Business (Check one):

Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: ELEFTHERIOS MIARIS

Address with Zip Code: 65 Willow St. Woburn MA 01801

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

- 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 vehicle 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 Belmont, MA

Have you ever been denied a garage license? Y N

If yes, list year, city and state _____

Have you ever had a garage license revoked or suspended? Y N

If yes, list year, city and state _____

Describe all of the premises to be used in the business: _____

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:

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.

Signature of Applicant: [Signature] Date 9-1-10

Business Name: TEDDY'S FOREIGN MOTORS

Business Address: 86 JOY ST, BAY 3, Somerville

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a _____ 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: 810 ^{TJL, DEF. E.A. NOV 20 9/3.} inside
5 outside

Signature: [Signature]

Date: 9/3/10

Print Name: John Briscoll

Title: Building 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: 9-2-10

Print Name: Michael P. Avery

Title: SFD.

ABUTTER PUBLIC HEARING NOTIFICATION

Petitioner: ELEFTHERIOS MIARIS

Address: 65 Willow St.
Woburn MA 01801

Date: 9/2/10

To an Abutter or Interested Party:

A Public Hearing for all persons interested will be held before the Somerville Board of Aldermen in the Aldermanic Chambers / Committee Room, City Hall, 2nd Floor, 93 Highland Avenue, Somerville, MA, 02143, on the following date: Wed. SEPT 22, 2010, at 6:00 PM, to consider pending cases and hear testimony as to the following matter. You, the abutter or interested party, are invited to appear and be heard at this Hearing.

Description of Permit/License Application, including Location: GARAGE License FOR ELEFTHERIOS MIARIS DBA TEDDY'S FOREIGN MOTORS FOR MECHANICAL REPAIRS TO VEHICLES AT 86 JOY ST, including vehicles inside and vehicles outside

Sincerely,

Petitioner's Signature

*Must be sent out
BY Mon 9/13
Certificate must
Return Receipt
Requested.*



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: TEDDY'S FOREIGN MOTORS

Address of taxpayer/applicant's business in Somerville: 86 JOY ST Bay 3
SOMERVILLE MA

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

Taxpayer/applicant's phone: day: 617-484-4642 evening: 781-935-0308

I, (print name) ELEFHERIOS MIARIS, 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 1ST day of September, 2010. Elm
(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: _____
06258184 # 145025001 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:


SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143
(617) 625-6600 EXT. 3500 • TTY: (866) 808-4851 • FAX: (617) 666-9682
WWW.SOMERVILLEMA.GOV

received
UBarrow
9-2-10

Treasurer

**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.



*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

030 - 58 - 2626

**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.

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: ELEFTHERIOS MIARIS D/B/A TEDDY'S FOREIGN MOTORS

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

- I am an employer with _____ employees (full and/or part time). **Business Type:** Retail
- I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
- We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
- We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
- Entertainment
- Manufacturing
- Health Care
- Other AUTO REPAIR

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

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: 9/1/10

Print Name: ELEFTHERIOS MIARIS

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)