



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

APPLICATION TO RENEW GARAGE LICENSE

HILLSIDE JAGUAR INC
45 MYSTIC AVE
SOMERVILLE, MA 02145

License #: **737**
City # **G71**
Fee: **550.00**
Account ID: **620**
Reference #: **737**

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: HILLSIDE SERVICE CENTER Business Location: 45 MYSTIC AVE Business Phone: 617-623-7388	
License Holder: HILLSIDE JAGUAR INC 45 MYSTIC AVE SOMERVILLE, MA 02145 617-623-7388	2014 MAR 20 A 10:51 CITY CLERK'S OFFICE SOMERVILLE, MA
Mailing Address: HILLSIDE JAGUAR INC 45 MYSTIC AVE SOMERVILLE, MA 02145	
Business Type: CORPORATION (INC. LLC) SECRETARY - LORRAINE BOUDREAU TREASURER - LORRAINE BOUDREAU PRESIDENT - ROBERT BOUDREAU	
FID: 042917732	
Food Manager/Emergency Contact: KATHY BOUDREAU 617-438-7381	

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
- 10 VEHICLES INSIDE

Description of Location and/or Other Conditions:

Originally Issued 5/27/1976, 20 Total On Premises 10 For Used Car, 10 For Garage.
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: *Robert W. Boudreau* Date 3-10-14
Print Name: Robert W. Boudreau Phone 617-623-7388



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Hillside Jaguar Inc.

Address of taxpayer/applicant's business in Somerville: 45 Mystic Ave

Address of taxpayer/applicant's home in Somerville: 45 Mystic Ave

Taxpayer/applicant's phone: day: 617 623 7388 evening: 617 923 2420

I, (print name) Roberta Bourdieu, 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 18 day of March, 2014. Roberta Bourdieu
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 3-20-14 INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

_____ # 102013001 # 905 # _____

NOTES:

CLERK'S INITIALS: R

ORIGINAL STAMP:



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: Hillside Jaguar, Inc
 Address: 45 Mystic Ave
 City: Dorchester State: MA Zip: 02145 Phone #: 6176237344

- I am an employer with 1 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
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Entertainment
 We are a nonprofit organization staffed by volunteers and have no employees. Manufacturing
 We are a nonprofit organization staffed by volunteers and have no employees. Health Care
 Other Auto Repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: MA Retail Merchants WC Group
 Address: PO Box 859222
 City: Braintree State: MA Zip: 01285 Phone #: 700 790 1117
 Policy #: 014005031684114 Expiration Date: 1/1/15

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: Robert Boardman Date: 3-18-14
 Print Name: Robert Boardman

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
 Other _____
 Contact Person: _____ Phone #: _____