



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Garage License

HILLSIDE JAGUAR INC
45 MYSTIC AVE
SOMERVILLE MA 02145

License #: BL15-000737
File #: 15-620
Fee: 550

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 JAGUAR INC Business Location: 45 MYSTIC AVE Business Phone: 617-623-7388	
License Holder: HILLSIDE JAGUAR INC 45 MYSTIC AVE SOMERVILLE MA 02145	
Mailing Address: HILLSIDE JAGUAR INC 45 MYSTIC AVE SOMERVILLE MA 02145	
Business Type: Corporation ROBERT BOUDREAU LORRAINE BOUDREAU LORRAINE BOUDREAU	
FID: 042917732	
Emergency Contact: KATHY BOUDREAU Phone: 617-438-7381	
Proposed Hours of Operation if outside standard hours: MO-FR 8AM-6PM, SA 8AM-2PM # of Vehicles Kept Inside: 10 # of Vehicles Kept Outside: 0 Open to the public? Yes Mechanical repairs? Yes Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? No Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	<p>2015 APR -8 A 9:19 CITY CLERK'S OFFICE SOMERVILLE, MA</p>

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 M Boudreau Date: 4-8-15

Printed Name: Robert Boudreau Phone: 617 623 7387



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Hills, de Jaguar, Inc

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

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

Taxpayer/applicant's phone: day: 617 623 3322 evening: 617 923 2420

I, (print name) Robert 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 8 day of April, 20 15. [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: _____

10894 # 102013001 # 888 # _____

NOTES:

CLERK'S INITIALS: UR ORIGINAL STAMP:

RECEIVED
UBancos
4-8-15

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: Hills de Jaguar Inc
Address: 45 Rystic Ave
City: Dorchester State: MA Zip: 02145 Phone #: 6176237380

- ☒ 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: Ac Retail Merchants Group
Address: PO Box 759222
City: Boston State: MA Zip: 02185 Phone #: 800 788 1177
Policy #: 014005031604115 Expiration Date: 1/16

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: 4-8-15
Print Name: Robert Bodman

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 _____