

CK-1153  
\$550



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

**APPLICATION TO RENEW GARAGE LICENSE**

**VALENTINO, EDMILSON A.  
BBC AUTO REPAIR  
483 SOMERVILLE AVE  
SOMERVILLE, MA 02143**

License #: 757  
City #G172  
Fee: 550.00  
Account ID: 640  
Reference #: 757  
# 7001

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: For <b>BBC AUTO REPAIR</b> Business Location: <b>483 SOMERVILLE AVE</b> Business Phone: <b>617-629-0058</b>	
License Holder: <b>VALENTINO, EDMILSON A. BBC AUTO REPAIR 483 SOMERVILLE AVE SOMERVILLE, MA 02143 617-629-0058</b>	
Mailing Address: <b>VALENTINO, EDMILSON A. 483 SOMERVILLE AVE SOMERVILLE, MA 02143</b>	
Business Type: <b>SOLE PROPRIETORSHIP OWNER - EDMILSON VALENTINO</b>	
FID: <b>264737682</b>	
Food Manager/Emergency Contact: <b>LUCIANA VALENTINO</b> <b>781-632-2484</b>	

2013 MAR 29 A 9:37  
 CITY CLERK'S OFFICE  
 SOMERVILLE, MA

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
- 1 STORING VEHICLES
- 10 VEHICLES
- 10 VEHICLES INSIDE

Description of Location and/or Other Conditions:

**Originally Issued 9/13/1992. 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: \_\_\_\_\_ Date: 3-11-13  
 Print Name: Edmilson Valentino Phone: 617 629 0058

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: BBC AUTO REPAIR  
Address: 483 SOMERVILLE AVE  
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-629-0058

I am an employer with \_\_\_\_\_ employees (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.

Business Type:  Retail  
 Restaurant/Bar/Eating Establishment  
 Office and/or Sales (real estate, auto, etc.)  
 Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other AUTO REPAIR

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

Insurance Company Name: Liberty mutual  
Address: Dover NH 03821-9090 P.O. Box 9090  
City: Dover State: NH Zip: 03821 Phone #: 800-653-7893  
Policy #: WC 5 - 315 - 375916 - 023 Expiration Date: 02-11-2014

**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: Edmilson Valentino Date: 03-25-2013

Print Name: Edmilson Valentino

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 \_\_\_\_\_



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

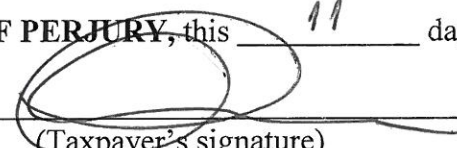
Exact name of taxpayer/applicant's business: Edmilson Alves Valentino

Address of taxpayer/applicant's business in Somerville: 483 Somerville Ave

Address of taxpayer/applicant's home in Somerville: 20 Cypress st

Taxpayer/applicant's phone: day: 617 629 0058 evening: 781 953 0302

I, (print name) Edmilson A. Valentino, 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 11 day of march, 20 13.  
  
(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: \_\_\_\_\_

# 13740      # 249029001      # 1145      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

