

13 AUTOS IN, 0 OUT.

GARAGE LICENSE APPLICATION

2012 JUN -5 P 12:01

Application Fee \$550.00

Date _____

CITY CLERK'S OFFICE
SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

New Application

For the storage of _____ vehicles inside

Renewing Application with Additions or Changes

_____ vehicles outside

Renewing Application with NO Additions or Changes

ILANA INC. D.B.A

Business (DBA) Name: EXECUTIVE AUTO BODY Phone: 617-576-1855

Business Location (with Zip Code): 30 MEDFORD ST SOMERVILLE, MA 02143

Applicant's Legal Name: ILANA INC

Applicant's Address (with Zip Code): 30 MEDFORD ST SOMERVILLE, MA 02143

Applicant's Email Address: DR.ERIK@COMCAST.NET

Applicant's Federal Employer Identification Number: 45-5197289

Mailing Name (where we should send correspondence to): ERIK MATAEV / EXECUTIVE AUTO BODY

Mailing Address (with Zip Code): 30 MEDFORD ST SOMERVILLE, MA 02143

Emergency Contact: ERIK MATAEV Phone: 617-610-7321

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust

Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

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

Partner's/Member's/President's Name: ERIK MATAEV

Address with Zip Code: 30 MEDFORD ST SOMERVILLE, MA 02143

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

Address with Zip Code: _____

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

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 2000-2004 SOMERVILLE, 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: AUTOBODY WORK

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: *Earl [Signature]* Date 5-17-12

Business Name: ILANA INC D.B.A EXECUTIVE AUTO BODY

Business Address: 30 MEDFORD ST SOMERVILLE, MA 02143

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a BA 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: SAME 13 inside
SAME 0 outside

Signature: *Edie Norro* Date: May 24, 2012

Print Name: EDDIE NORRO Title: Supervisor

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: *D/C William Hallivan* Date: 5/30/12

Print Name: D/C WILLIAM HALLIVAN Title: DEPUTY CHIEF

**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.

ILANA INC D.B.A EXECUTIVE AUTO BODY

*Signature of Individual or Corporate Name (Mandatory)

ERIK MATAEV

By: Corporate Officer (Mandatory, if a corporation)

45-5197289

**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.



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: ILAMA INC. D.B.A EXECUTIVE AUTO BODY

Address of taxpayer/applicant's business in Somerville: 30 MEDFORD ST SOMERVILLE, MA 02143

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

Taxpayer/applicant's phone: day: 617-576-1855 evening: 617-610-7321

I, (print name) ERIK MATAEV, 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 _____ day of _____, 20____. Erik Mataev
(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: _____
04191052 # 12400202 / # 895 # _____

NOTES: 9718

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

RECEIVED
5-22-12

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: ICANA INCORPORATED D.B.A EXECUTIVE AUTO BODY

Address: 30 MEDFORD ST

City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-576-1855

- I am an employer with 2 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: THE MAW STREET AMERICA GROUP/NGM INSURANCE COM

Address: 545 CONCORD AVE

City: CAMBRIDGE State: MA Zip: 02138 Phone #: 617-354-4640

Policy #: 1179719-01 Expiration Date: 5-14-13

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: Erik Mataev Date: 5-17-12

Print Name: ERIK MATAEV

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 _____