

## CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

## RENEWAL APPLICATION FOR GARAGE LICENSE

VILMAR MIRANDA CAMPOS  
559 MAIN STREET, 1ST FLOOR  
STONEHAM MA 02180

LIC #: 2012-044  
B.O.A.# 183352

\*\*\* ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR \*\*\*

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: X Parking or Storing Vehicles: XWashing Vehicles: X Spray Painting: X Operating a Tow Vehicle:     

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13  
This Certificate must be signed and filed with the required fee of \$550.00 not  
later than April 30, 2012. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current  
records below. Please print or type your information, except for signature.

Company Name: ORIGINAL AUTO BODY AND MECHANIC, INC. TEL:                       
Company Address: 00012 -00016 JOY ST

City: SOMERVILLE State: MA Zip: 02143Check One: Individual:      Co:      Corp: X Trust:      Agency      Ship      Gov't PartnerOwner Name: VILMAR MIRANDA CAMPOS TEL: 857-312-2153Owner Address: 559 MAIN STREET, 1ST FLOOROwner City: STONEHAM State: MA Zip: 02180FID#: 450555602

This renewal is being sent to you as a courtesy, please file on time. If this  
renewal is not returned to City Clerk's office by 04/30/2012, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*

MONDAY-FRIDAY: 08:00 AM-06:00 PM

SATURDAY: 08:00 AM-02:00 PM

SUNDAY: CLOSED

Very truly yours,

John J. Long  
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2012-044

FEE: \$550.00

This is to certify: VILMAR MIRANDA CAMPOS  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 10/29/1958

Garage situated at: 00012 -00016 JOY ST

Doing business as : ORIGINAL AUTO BODY AND MECHANIC, INC.

Shall not exceed: 8 Vehicles Inside & 2 Vehicles Outside, not on public ways  
in addition the following restrictions apply:

APPROVED AS AMENDED: 8 VEHICLES INSIDE, 2 VEHICLE OUTSIDE

BOA #183352, DATED 05/10/2007

This renewal certificate must be signed by the holder of the license.

Check One: Owner      Occupant      Holder     

Signature of Applicant

559 MAIN ST #1

Address

STONEHAM - MA 02180

City State Zip

\*\* Office Use Only \*\*

Mailed     Taken     Received: 4/10/12 - ms\$550.00ck # 1630

City Clerk

# IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: \_\_\_\_\_

Somerville Address and Zip Code: \_\_\_\_\_

Phone Number of the Business: \_\_\_\_\_

The Legal Name of the License Holder: VILMAR M. CAMPOS

Street Address of the License Holder: 559 MAIN ST #1

City, State and Zip Code of the License Holder: STONEHAM - MASS 02180

Phone Number of the License Holder: (857) 312-2153

Email Address of the License Holder: VILMAR.MC@LIVE.COM

Where We Should Send Mail: Name: ORIGINAL AUTO BODY

Street Address: 12-16 JOY ST

City, State and Zip Code: SOMERVILLE - MASS . 02143

Email: VILMAR.MC@LIVE.COM

Phone Number: (857) 312-2153

Federal ID # (Do Not Give a Social Security #): 450555602

Emergency Contact and Phone (For Fire Dept. Use): KATIA MIRANDA (857) 284-2481

Type of Business (Check Only One and Give the Names Indicated):

☒ Sole Proprietor: Name of Owner: VILMAR M. CAMPOS

☐ Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: \_\_\_\_\_

☐ Trust: Names of All Trustees Who Own More Than 10%: \_\_\_\_\_

☒ Corporation (inc. LLC): Name of President: VILMAR M. CAMPOS

Name of Secretary: SAME

Name of Treasurer: SAME

☐ Other (Attach a Description of the Form of Ownership and the Names of Owners) \_\_\_\_\_

**ACKNOWLEDGEMENT:** 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 Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Vilmar M. Campos

Date: 4/10/12

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.

Vijayarajendran Comp.

\* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

450555602

\*\* 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: VILMA M. CAMPOS

Address of taxpayer/applicant's business in Somerville: 12-16 50th ST.

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: (857) 312-2153 evening: (781) 568-0220

I, (print name) VILMA M. CAMPOS, 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 10 day of

APRIL, 2012. Vilma M. Campos  
(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: \_\_\_\_\_

# 8266 # 145020011 # \_\_\_\_\_ # \_\_\_\_\_

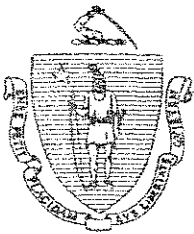
NOTES:

CLERK'S INITIALS: UB ORIGINAL STAMP: \_\_\_\_\_



RECEIVED  
UB

4-10-12



The Commonwealth of Massachusetts

Department of Industrial Accidents

Office of Investigations

600 Washington Street, 7<sup>th</sup> Floor

Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: VILMAR MIRANDA CAMPOS

address: 559 MAIN ST #1

city STONEHAM state: MA zip: 02180 phone # 781-568-0220

work site location (full address):

☐ I am a sole proprietor and have no one working in any capacity. Business Type: ☐ Retail ☐ Restaurant/Bar/Eating Establishment ☐ Office ☐ Sales (including Real Estate, Autos etc.)

☒ I am an employer with 2 employees (full & part time). ☐ Other

☒ I am an employer providing workers' compensation for my employees working on this job.

company name: PROTECTOR ORIGINAL AUTO BODY

address: PROTECTOR 12-16 JOY ST

city: STONEHAM phone #: (857) 312-2153

insurance co. TRAVELERS policy # 1HUB 5691X378

☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name:

address:

city: phone #:

insurance co. policy #

company name:

address:

city: phone #:

insurance co. policy #

Attach additional sheet if necessary

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 Vilmar M. Campos

Date 4/10/12

Print name VILMAR M. CAMPOS

Phone # (857) 312-2153

official use only do not write in this area to be completed by city or town official

city or town: permit/license #

☐ check if immediate response is required

contact person: phone #:

(revised Sept. 2003)

- ☐ Building Department
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Health Department
- ☐ Other