



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

2014 MAR 11 A 9:57

CITY CLERK'S OFFICE
SOMERVILLE, MA

APPLICATION TO RENEW GARAGE LICENSE

SAKO KASSABIAN
126 TOTTEN POND ROAD
WALTHAM, MA 02451

License #: 760
City #G166
Fee: 550.00
Account ID: 643
Reference #: 760

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: EZ AUTO BODY Business Location: 627 SOMERVILLE AVE Business Phone: 617-623-2020	
License Holder: EZ AUTO BODY 619 SOMERVILLE AVE SOMERVILLE, MA 02143 617-623-2020	
Mailing Address: SAKO KASSABIAN 126 TOTTEN POND ROAD WALTHAM, MA 02451	
Business Type: SOLE PROPRIETORSHIP OWNER - SAKO KASSABIAN	
FID: 542084908	
Food Manager/Emergency Contact: SAKO KASSABIAN 617-780-8834	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 8AM-6PM, SA 9AM-2PM**

OPEN TO THE PUBLIC

- 1 AUTO BODY WORK
- 1 SPRAY PAINTING
- 1 OPERATING TOW VEHICLES
- 33 VEHICLES INSIDE

Description of Location and/or Other Conditions:

Originally Issued 11/19/1991, No Storage Of Vehicles On Public Way. No Tow Trucks Parked On Public Way At Any Time. No Mechanical Repairs. No Washing 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: Sako Kassabian Date: 3-10-14
Print Name: Sako Kassabian Phone: 617-623-2020



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Sako Kassabian

Address of taxpayer/applicant's business in Somerville: 619 Somerville ave Somerville MA 02113

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

Taxpayer/applicant's phone: day: 617-623-2020 evening: 617-780-8834

I, (print name) Sako Kassabian, 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 10th day of March, 20 14. Sako Kassabian
(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: _____

N/A # 24209400 # 1142 # _____

NOTES:

CLERK'S INITIALS: 

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: EZ Auto Body
Address: 619 Somerville Ave
City: Somerville State: MA Zip: 02143 Phone #: 617-623-2020

- I am an employer with 1 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 Body

Workers' compensation insurance information (if applicable):

Insurance Company Name: Norguard Insurance Company
Address: 16 South River St
City: Wilkes-Barre State: PA Zip: 18703 Phone #: 1800-673-2465
Policy #: PAWC446911 Expiration Date: July 15, 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: Sako Kassabian Date: 3-10-14
Print Name: Sako Kassabian

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 _____