



CITY OF SOMERVILLE

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

2015 MAR 17 P 12:02

CITY CLERK'S OFFICE
SOMERVILLE, MA

Application to Renew Garage License

GE AUTO REPAIR, INC.
631 SOMERVILLE AVE
SOMERVILLE MA 02143

License #: BL15-000761
File #: 15-644
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: GE AUTO REPAIR, INC. Business Location: 631 SOMERVILLE AVE Business Phone: 781-831-1034	
License Holder: GE AUTO REPAIR, INC. 631 SOMERVILLE AVE SOMERVILLE MA 02143	
Mailing Address: GE AUTO REPAIR, INC. 631 SOMERVILLE AVE SOMERVILLE MA 02143	
Business Type: Corporation GEOMARES CANDIDO GEOMARES CANDIDO GEOMARES CANDIDO	
FID: 272503627	
Emergency Contact: GEOMARES CANDIDO Phone: 781-426-1256	
Proposed Hours of Operation if outside standard hours: MO-FR 8AM-6PM, SA 8AM-2PM # of Vehicles Kept Inside: 14 # 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? Yes Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	NO

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: Geomar Candido Date: 3/17/15



CITY OF SOMERVILLE, MASSACHUSETTS
Treasury Department
JOSEPH A. CURTATONE
MAYOR
CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: _____

BUSINESS LOCATION: 631 SOMERVILLE AVE AND/OR

TAXPAYER'S HOME ADDRESS: 627 SOMERVILLE AVE # 01

TAXPAYER/APPLICANT PHONE: DAY: 617-718-0699 EVENING: 781-831-1034

BUSINESS NAME: GE AUTO REPAIR

BUSINESS ID NUMBER: 272 503 627 BUSINESS PHONE: 617-718 06 99

I (print name): GEOMARKS CAMPINO, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville 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_____. _____ (Taxpayer's Signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____

TAXES AND ACCOUNT NUMBER(S)

**REAL ESTATE ID

**WATER/SEWER ID

**PERSONAL PROPERTY

**OTHER

241041011

1112

NOTES:

CLERKS INITIALS: [Signature]

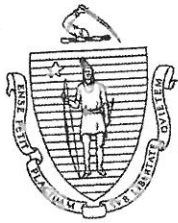
BUSINESS or BUILDING
PERMIT

ORIGINAL STAMP



3-17-15

Somerville City Hall • 93 Highland Avenue • Somerville, Massachusetts 02143
(617) 625-6600, Ext. 3500 • TTY: (617) 666-0001 • Fax: (617) 666-9682
www.somervillema.gov



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Please Print Legibly

Applicant Information

Business/Organization Name: GE AUTO REPAIR
Address: 631 SOMERVILLE AVE
City/State/Zip: SOMERVILLE MA 02143 Phone #: 781 831 1034

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: THE TRAVELERS INSURANCE COMPANY

Insurer's Address: 27 GARDEN ST STE 1B

City/State/Zip: DANVERS MA 01923

Policy # or Self-ins. Lic. # IHUB-7B10785-9-13 Expiration Date: 04-05-14

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: G. M. Condo

Date: 03-17-15

Phone #: 781 831 1034

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____