

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

IZAIAS JOSE DOS REIS
422 MYSTIC AVENUE #206
SOMERVILLE MA 02145

LIC #: 2010-067
B.O.A.# 175524

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: X Parking or Storing Vehicles: \_\_\_

Washing Vehicles: \_\_\_ Spray Painting: \_\_\_ 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 \$500.00 not
later than April 30, 2010. 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: AUTO MECHANIC SOUSA, INC. TEL: 617-628-5757
Company Address: 00308 MCGRATH HWY

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: \_\_\_ Co: \_\_\_ Corp: \_\_\_ Trust: \_\_\_ Agency \_\_\_ Ship \_\_\_ Gov't \_\_\_ Partner \_\_\_ Other X

Owner Name: IZAIAS JOSE DOS REIS TEL: 617-625-0010

Owner Address: 422 MYSTIC AVENUE #206

Owner City: SOMERVILLE State: MA Zip: 02145

FID#: 03-039-69

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 04/30/2010, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*
MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-05:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2010-067
FEE: \$500.00

This is to certify: IZAIAS JOSE DOS REIS
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 09/15/1977

Garage situated at: 00308 MCGRATH HWY
Doing business as : AUTO MECHANIC SOUSA, INC.

Shall not exceed: 9 Vehicles Inside & 3 Vehicles Outside, not on public ways
in addition the following restrictions apply:

AMENDED 12/22/77 3/16/94\* TRANSFERRED 7/12/90 FROM PAT'S AUTO BODY TO
JOHN'S AUTO SALES, INC., TRANSFERRED BACK TO TAURO REALTY TRUST ON
3/20/91 PER G. DERVISHIAN,10/22/92 TRANSFERRED TO A-1 CLINIC,12/29/2004
TRANSFERRED TO THE SHINE CORP.DBA THE AUTO CLINIC
TRANSFERRED 6/9/2005 BOA #179063, THE AUTO CLINIC. NO SPRAY PAINTING.
NO PARKING ALONG MCGRATH OR O'BRIEN HWY. OR SOMERVILLE AVE., NO TOWING
SERVICE ALLOWED. TRANSFERRED ON #179063 06/09/2005

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

Check One: Owner X Occupant \_\_\_ Holder \_\_\_

Signature of Applicant

308 MCGRATH HWY X
Address

Somerville MA 02143
City State Zip

\*\* Office Use Only \*\*
Mailed
Taken
Received:
City Clerk

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.

James Jose da Reis - AUTO MECHANIC JOUSA, INC  
\*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

03-0396937

\*\* 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.



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: AUTO MECHANIC TOWNA  
 address: 308 MCGRATH HWY  
 city: SOMERVILLE state: MA zip: 02143 phone # 67-628-5757

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: AUTO MECHANIC TOWNA, INC.  
 address: 308 MCGRATH HWY  
 city: SOMERVILLE, MA phone #: 67-628-5757  
 insurance co. THE TRAVELERS INS. CO. policy # IEUB-2517M72-2-10

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 Isaias J. Dos Reis Date 04-07-10.  
 Print name ISAIAS J. DOS REIS Phone # 67-628-5757

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

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_  Building Department

check if immediate response is required  Licensing Board

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_  Selectmen's Office

(revised Sept. 2003)  Health Department  Other \_\_\_\_\_



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: AUTO MECHANIC JOURNA, INC.
- Address of taxpayer/applicant's business in Somerville: 308 McGRATH Hwy.
- Address of taxpayer/applicant's home in Somerville: 422 MYSTIC AVE. #206
- Taxpayer/applicant's phone: day: 617-628-5757 evening: 617-625-0010

I, IZAIAS J. DOS REIS, 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 07 day of APRIL, 20 10. José dos Reis  
(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: \_\_\_\_\_

# 20162019     
 # 118002250 / # 20056685     
 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

**received**  
4/8/10