



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

2013 MAR 28 A 11: 29

APPLICATION TO RENEW GARAGE LICENSE

CITY CLERK'S OFFICE
SOMERVILLE, MA

HERBERT CHAMBERS I-93, INC.
259 MCGRATH HWY
SOMERVILLE, MA 02143

License #: 727
City #G62
Fee: 550.00
Account ID: 610
Reference #: 727

6996

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: For CHAMBERS MOTORCARS Business Location: 259 MCGRATH HWY Business Phone: 617-666-4100	<i>Mercedes Benz of Boston 259 McGrath Highway 617 666 4100</i>
License Holder: HERBERT CHAMBERS I-93, INC. 259 MCGRATH HWY SOMERVILLE, MA 02143 617-666-4100	<i>Herb Chambers I-93 Inc</i>
Mailing Address: HERBERT CHAMBERS I-93, INC. SOMERVILLE, MA 02143	<i>Herb Chambers I-93 Inc</i>
Business Type: CORPORATION (INC. LLC) PRESIDENT - HERBERT CHAMBERS TREASURER - HERBERT CHAMBERS	
FID: 061335996	
Food Manager/Emergency Contact: JEFF DAVIS	

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

Hours: **MO-FR 7AM-7PM, SA 8AM-5PM**

OPEN TO THE PUBLIC

- 1 MECHANICAL REPAIRS
- 1 STORING VEHICLES
- 350 VEHICLES
- 310 VEHICLES INSIDE
- 40 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

Originally Issued 9/25/1941. Service/Repair 60 Vehicles - 20 Inside 40 Outside. Storage 240 Vehicles. Display 10 Inside Main Showroom, 40 Inside Second Showroom. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow 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: *Herbert G. Chambers* Date: *3/25/13*
Print Name: *Herbert G. Chambers* Phone: *617 666 4100*

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: Herb Chambers I 93 Inc.
Address: 259 McGrath Highway
City: Somerville State: MA Zip: 02143 Phone #: 6176664150

- I am an employer with 100 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: USI New England Travelers Insurance
Address: PO Box 1450
City: Middleboro State: MA Zip: 02344 Phone #: 800-832-1839
Policy #: TCZKU B101D254912 Expiration Date: 09/11

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: [Signature] Date: 3/25/13
Print Name: Herbert G Chambers

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 _____

