

GARAGE LICENSE APPLICATION

Nonrefundable Application Fee \$550.00

Date 12-1-14

2014 DEC 11 P 12:25
CITY CLERK'S OFFICE
SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

☒ New Application

For the storage of 3 vehicles inside

☐ Renewing Application with Additions or Changes

3 vehicles outside

☐ Renewing Application with NO Additions or Changes

Business (DBA) Name: Car Zone Inc Phone: (617) 576-9663

Business Address (in Somerville): 486 Columbia St

Applicant's Federal Employer Identification Number: 043584400

Applicant's Legal Name: Murph Amy Thongsy Thavong

Mailing Name (who we should send correspondence to): Murph Thongsy Thavong

Mailing Address (with Zip Code): 486 Columbia St, Somerville, MA, 02143

Emergency Contact: Wade Thongsy Thavong Phone: (617) 797-9130

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

☐ **Sole Proprietor:** Name of Owner: _____

☐ **Partnership (inc. LLP):** Name of Partnership: _____

Names of All Partners Who Own More Than 10%: _____

☐ **Trust:** Name of Trust: _____

Names of All Trustees Who Own More Than 10%: _____

☒ **Corporation:** Name of Corporation: Car Zone Inc

Name of President: Murph Thongsy Thavong

Name of Secretary: Murph Thongsy Thavong Name of Treasurer: Murph Thongsy Thavong

☐ **LLC:** Name of LLC: _____

Names of All Managers Who Own More Than 10%: _____

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

Business (DBA) Name: Car Zone Inc

1. Will you be open to the public at this location? Y ☒ N ☐
2. Will you be doing mechanical repairs of vehicles at this location? Y ☒ N ☐
3. Will you be doing autobody work on vehicles at this location? Y ☐ N ☒
4. Will you be spray painting vehicles or parts at this location? Y ☐ N ☒
5. Will you be washing vehicles at this location? Y ☐ N ☒
6. Will you be charging money to park vehicles at this location? Y ☐ N ☒
7. Will you be storing registered vehicles at this location? Y ☒ N ☐
8. Will you be storing unregistered vehicles at this location? Y ☐ N ☒
9. Will you be operating a tow vehicle at this location? Y ☐ N ☒

Have you ever obtained a garage license before? Y ☒ N ☐

If yes, list year, city and state 2002, Cambridge, MA

Have you ever been denied a garage license? Y ☐ N ☒

If yes, list year, city and state _____

Have you ever had a garage license revoked or suspended? Y ☐ N ☒

If yes, list year, city and state _____

I request permission to store _____ vehicles inside the building, and _____ vehicles on the parking lot.

Attach a scaled site plan drawing of your property, showing exactly where you will store each of the vehicles you wish to park on the premises. Include a plan for both the inside of the building and the outside parking lot. Include the dimensions for each space.

The hours of operation for garages are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on April 30, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. 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.

Signature of Applicant: [Signature] Date 12-1-14

Business Name: Car Zone Inc

Business Address: 486 Columbia St. Somerville, MA, 02143

+ INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a T135 Zone.

☐ The use is permitted as of right

☒ The use requires a special permit

☐ The use is prohibited

Approved by ZBA March, 12, 2002

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the State Building Code. (NOTE: This statement is NOT a certificate of occupancy, nor does it replace the requirement for a certificate of occupancy.)

Maximum number of motor vehicles to be kept on the premises: 3 inside

3 outside

Signature: [Signature]

Date: 12/12/14

Print Name: Albert Barget

Title: Local Building Inspector

+ FIRE PREVENTION BUREAU RECOMMENDATION

I have inspected the premises mentioned above and based on my inspection:

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the Fire Safety Code. (NOTE: This statement is NOT a storage of flammables permit, nor does it replace the requirement for a storage of flammables permit.)

☐ A 148 sec. 13 License is required

☒ A 148 sec. 13 License is NOT required

Signature: [Signature]

Date: 12/12/14

Print Name: ROBERT MAC LAUGHLAN

Title: COMPLIANCE LIEUTENANT



Certificate of Use and/or Occupancy

City of Somerville
ISD-Inspectional Services Department
CO14-000082

Issue Date: 12/1/14

This certificate is issued in accordance with the provisions of Section 120.0 of the State Building Code.

Zone: T135	Ward: 2	Map: 96	Block: A	Lot: 22
Address: 486 COLUMBIA ST			Owner: JAN REALTY LLC	
Building Permit #:			Type of Construction: IIIA	
Fire Grading: 1 Hour			Maximum Load Capacity:	
Maximum Occupancy Load Capacity:				
Use: Repair Garage			Use Group: B-- Business	

Special Conditions:

This certificate of use and occupancy certifies that the work has been completed in accordance with the provisions of the applicable codes for which a permit is required on the date of its issuance and that the building or structure may be used in its several parts as stipulated.

A. B.

Albert Bargoot
Building Inspector

Paul J. Nonni

Paul Nonni
Building Official



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Car Zone Inc

Address of taxpayer/applicant's business in Somerville: 486 Columbia St

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

Taxpayer/applicant's phone: day: (617) 576-9663 evening: (617) 331-0478

I, (print name) Murph Thongsythavong, 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 first (1st) day of December, 20 14.
(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 # 146007081 # N/A # _____

NOTES:

CLERK'S INITIALS: SR

ORIGINAL STAMP: 

RECEIVED
12-11-14 SR

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Car Zone Inc

Address: 209 Broadway

City: Cambridge State: MA Zip: 02139 Phone #: (617) 576-9663

- ☒ I am an employer with 2 employees (full and/or part time). Business Type: ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other Automotive Repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: The Travelers Insurance Companies

Address: P.O. Box #1450

City: Middleboro State: MA Zip: 02344 Phone #:

Policy #: IEUB-317M918-5-23 Expiration Date: 1-1-16

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: Murph Thongsythavong Date: 12-1-14

Print Name: Murph Thongsythavong

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 _____