IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Outdoor Parking
License Number: #191326
Business Name: Simon's Auto Service
Location: 166 Boston Ave
Spaces: 2
Special Conditions (if any):

Renewal Fee (Return with this application): $20 per Space

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business: SIMON'S AUTO SERVICE
Somerville Address and Zip Code: 166 BOSTON AVE 02144
Phone Number of the Business: 617-628 8383

The Legal Name of the License Holder: SOUHAIL BERBARA
Street Address of the License Holder: 565 PLEASANT ST.
City, State and Zip Code of the License Holder: NORWOOD, MA 02062
Phone Number of the License Holder: 781-8884203
Email Address of the License Holder: SOUHAIL47@YAHOO.COM

Where We Should Send Mail: Name: SOUHAIL BERBARA
Street Address: 565 PLEASANT ST.
City, State and Zip Code: NORWOOD, MA 02062
Email: SOUHAIL47@YAHOO.COM
Phone Number: 781-8884203

2012 APR 30 A 11:05
CITY CLERK'S OFFICE
SOMERVILLE, MA

Federal ID # (Do Not Give a Social Security #): 44-5105632

Emergency Contact and Phone (For Fire Dept. Use): 781-8884203

-OVER-

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

___Sole Proprietor: Name of Owner:_____

___Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:_____

_____

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

_____

___Corporation (inc. LLC): Name of President:_____

Name of Secretary:_____

Name of Treasurer:_____

___Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:_____ **Date**_____

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: Simon's Auto Service

Address of taxpayer/applicant's business in Somerville: 166 Boston Ave

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

Taxpayer/applicant's phone: day: 6176283723 evening: _____

I, (print name) Soumaic Berbara, 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 30 day of April, 2012. _____ (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: ___
# 1657	# NA	# 63	#

NOTES:

CLERK'S INITIALS: KB **ORIGINAL STAMP:** RECEIVED 4-30-12

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143
(617) 625-6600 EXT. 3500 • TTY: (866) 808-4851 • FAX: (617) 666-9682
WWW.SOMERVILLEMA.GOV

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: SIMON'S AUTO SERVICE

Address: 166 BOSTON AVE

City: SOMERVILLE State: MA Zip: 02144 Phone #: 617-628 8383

- ☐ I am an employer with _____ 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: ASSOCIATED INDUSTRIES OF MASSACHUSETTS MUTUAL INS. CO.

Address: 54 THIRD AVENUE

City: BURLINGTON State: MA Zip: 01803 Phone #: 800-876 2765

Policy #: AWC 7016220012012 Expiration Date: 01-06-2013

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: _____ Date: 4-22-2012

Print Name: SOUHAIL BERBARA

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

City or Town: _____ *Permit/License #:* _____

- ☐ *Board of Health*
- ☐ *Building Department*
- ☐ *City/Town Clerk*
- ☐ *Licensing Board*
- ☐ *Selectmen's Office*
- ☐ *Other* _____

Contact Person: _____ *Phone #:* _____

(revised Jan. 2008)

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
INFORMATION PAGE

Associated Industries of Massachusetts Mutual Insurance Company

54 Third Avenue, Burlington, Massachusetts 01803
(800) 876-2765

NCCI NO 26158

POLICY NO. AWC 7016220012012
PRIOR NO. AWC 7016220012011

ITEM

1. The insured Souhail Barbara dba Simon's Auto Service

Mail Address: 166 Boston Avenue | Somerville | MA | 02144
Street No. | Town or City | County | State | Zip Code

FEIN xxxxx0042

☒Individual ☐Partnership ☐Corporation ☐Joint Venture ☐Association ☐Other

Other workplaces not shown above:

2. The policy period is from 01/06/2012 to 01/06/2013 12:01 a.m. standard time at the insured's mailing address.
3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here; MA
   B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A.

   The limits of our liability under Part Two are:
   Bodily Injury by Accident $ 100,000 each accident
   Bodily Injury by Disease $ 500,000 policy limit
   Bodily Injury by Disease $ 100,000 each employee

   C. Other States Insurance: Coverage Replaced By Endorsement WC 20 03 06A

   D. This policy includes these endorsements and schedules: SEE SCHEDULE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating plans. All information required below is subject to verification and change by audit.

Classifications		Premium Basis	Rates	
	Code No.	Estimated Total Annual Remuneration	Per $100 Of Remuneration	Estimated Annual Premium
INTRA	322351	SEE EXTENSION OF INFORMATION PAGE		

Minimum premium $ 265.00
As indicated interim adjustments of premium shall be made:
☒ Annually ☐ Semi Annually ☐ Quarterly ☐ Monthly

Total Estimated Annual Premium $ 265.00
Deposit Premium $ 265.00

MA Assessment Chg.
$86.00 x 5.9000% $0.00

This policy, including all endorsements, is hereby countersigned by _____ 12/21/2011
Authorized Signature Date

GOV STATE	GOV CLASS	KIND AUDIT	PLACING OFFICE	CLAIM OFFICE	NAME CHECK	SAFETY GROUP
MA	8380	2	701			

Nicholas A Consoles Insurance Agency Inc
153 Andover Street Suite 208
Danvers, MA 01923

WC 00 00 01 A (7-11)