



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

**PAST DUE**

**APPLICATION TO RENEW GARAGE LICENSE**

**WEBSTER AUTO BODY CO./M.H. SIEGEL, L.L.**  
64 WEBSTER AVE  
SOMERVILLE, MA 02143

License #: **781**  
City #G181  
Fee: **550.00**  
Account ID: **663**  
Reference #: **781**

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: <b>WEBSTER AUTO BODY CO./M.H. SIEGEL, L.L.</b> Business Location: <b>69 WEBSTER AVE</b> Business Phone: <b>617-666-8181</b>	
License Holder: <b>WEBSTER AUTO BODY CO./M.H. SIEGEL, L.L.</b> <b>64 WEBSTER AVE</b> <b>SOMERVILLE, MA 02143</b> <b>617-666-8181</b>	
Mailing Address: <b>WEBSTER AUTO BODY CO./M.H. SIEGEL, L.L.</b> <b>64 WEBSTER AVE</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b>	
FID: <b>042319664</b>	
Food Manager/Emergency Contact:	

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

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

**OPEN TO THE PUBLIC**

- |                    |                    |
|--------------------|--------------------|
| 1 AUTO BODY WORK   | 1 WASHING VEHICLES |
| 1 SPRAY PAINTING   |                    |
| 11 VEHICLES INSIDE |                    |

Description of Location and/or Other Conditions:

**Originally Issued 12/9/1993. No Mechanical Repairs. 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: *Jerald A Siegel* Date 6-19-14  
Print Name: Jerald A Siegel Phone 617-666-8181



# Corporations Division

## Business Entity Summary

[Request certifi](#) [New search](#)

Summary for: **SERVICE AUTO BODY, INC.**

<b>The exact name of the Domestic Profit Corporation:</b> SERVICE AUTO BODY, INC.		
<b>Entity type:</b> Domestic Profit Corporation		
<b>Identification Number:</b> 042319664		
<b>Date of Organization in Massachusetts:</b> 02-27-1964		
<b>Last date certain:</b>		
<b>Current Fiscal Month/Day:</b> 09/30		<b>Previous Fiscal Month/Day:</b> 00/00
<b>The location of the Principal Office:</b>		
Address: 64 WEBSTER AVE City or town, State, Zip code, SOMERVILLE, MA 02143 USA Country:		
<b>The name and address of the Registered Agent:</b>		
Name: MELVIN SIEGEL Address: 64 WEBSTER AVE. City or town, State, Zip code, SOMERVILLE, MA 02143 USA Country:		
<b>The Officers and Directors of the Corporation:</b>		
Title	Individual Name	Address
PRESIDENT	MELVIN SIEGEL	34 SADDLE CLUB RD LEXINGTON, MA 02420 USA
TREASURER	WILLIAM SIEGEL	5 SILVER MINE RD WOBURN, MA 01801 USA
SECRETARY	JEROLD SIEGEL	4 GATEHOUSE LANE WILMINGTON, MA 01887 USA
DIRECTOR	WILLIAM SIEGEL	5 SILVER MINE RD WOBURN, MA 01801 USA
DIRECTOR	JEROLD SIEGEL	4 GATEHOUSE LANE WILMINGTON, MA 01887 USA
DIRECTOR	MELVIN SIEGEL	





City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Service Auto Body  
Address of taxpayer/applicant's business in Somerville: 69 Webster Ave Somerville  
Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_  
Taxpayer/applicant's phone: day: 617 666 8181 evening: \_\_\_\_\_

I, (print name) Melvin Siegel, 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 \_\_\_\_\_ day of 6/19, 2014. Jacob A. Siegel  
(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: \_\_\_\_\_  
# 15971      # N/A      # 1324      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: Q

ORIGINAL STAMP:



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: Webster Auto Body Inc

Address: 69 Webster Ave

City: Zamerville State: Ma Zip: 0143 Phone #: 617-666-8181

- I am an employer with 12 employees (full and/or part time). **Business Type:**  Retail  
 Restaurant/Bar/Eating Establishment  
 Office and/or Sales (real estate, auto, etc.)  
 Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other Automotive repairs
- 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.

Workers' compensation insurance information (if applicable):

Insurance Company Name: Automotive Industries Compensation Corp

Address: Po Box 1528

City: Springfield State: Ma Zip: 01101 Phone #: 800-688-7255

Policy #: WC 003019-14 Expiration Date: 12-31-14

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: Jarold A. Siegel Date: 6-19-14

Print Name: Jarold A. Siegel

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 #: \_\_\_\_\_