



**CITY OF SOMERVILLE**  
 Commonwealth of Massachusetts  
 93 Highland Avenue  
 Somerville, MA 02143  
 (617) 625-6600

2015 APR -9 A 9:59

**Application to Renew Garage License**

**CHICKEN & SHAKES AUTOMOTIVE**  
**6 BEACH AVE**  
**SOMERVILLE MA 02143**

CITY CLERK'S OFFICE  
 SOMERVILLE, MASS

License #: BL15-000583  
 File #: 15-471  
 Fee: 550

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)
<b>Business/DBA Name:</b> CHICKEN & SHAKES AUTOMOTIVE <b>Business Location:</b> 6 BEACH AVE <b>Business Phone:</b> 617-628-6622	
<b>License Holder:</b> CHICKEN & SHAKES AUTOMOTIVE 6 BEACH AVE SOMERVILLE MA 02143	
<b>Mailing Address:</b> CHICKEN & SHAKES AUTOMOTIVE 6 BEACH AVE SOMERVILLE MA 02143	
<b>Business Type:</b> Corporation ERIC SHAKES EVERTON GAYLE ERIC SHAKES	
<b>FID:</b> 043407273	
<b>Emergency Contact:</b> ERIC SHAKES <b>Phone:</b> 857-251-7635	
<b>Proposed Hours of Operation if outside standard hours:</b> MO-FR 8AM-6PM, SA 8AM-2PM <b># of Vehicles Kept Inside:</b> 8 <b># of Vehicles Kept Outside:</b> 0 <b>Open to the public?</b> Yes <b>Mechanical repairs?</b> Yes <b>Autobody work?</b> Yes <b>Spray Painting?</b> Yes <b>Washing vehicles?</b> No <b>Charging money to store vehicles?</b> No <b>Storing unregistered vehicles?</b> No <b>Maintaining or operating a tow vehicle at this location?</b> No	

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: *Eric Shakes* Date: 4-6-15

Printed Name: ERIC SHAKES Phone: 857-251-7635 OR 617-628-6622



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Chickout Shakes Automotive

Address of taxpayer/applicant's business in Somerville: 6 Beach Av

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617 628 6622 evening: 957 251-7635

I, (print name) \_\_\_\_\_, 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 6 day of April, 20 15. [Signature]  
(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: \_\_\_\_\_

# 976      # 12404021      # 23      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: UR

ORIGINAL STAMP:

RECEIVED  
URBans  
4-9-15

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: Chickey & SHAKES Auto motive  
Address: 6 Beach Av  
City: Somerville State: MA Zip: 02143 Phone #: 617 624-6622

- I am an employer with 5 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 \_\_\_\_\_

Workers' compensation insurance information (if applicable):

Insurance Company Name: UTICA NATIONAL INSURANCE  
Address: PO BOX 6532  
City: UTICA State: NY Zip: 13504 Phone #: 1800-598-8422  
Policy #: 100901384 Expiration Date: 3-15-16

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: [Signature] Date: 4-6-15  
Print Name: ERIC SHAKES

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 \_\_\_\_\_

(revised Jan. 2008)