



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

APPLICATION TO RENEW GARAGE LICENSE

**PINEROS, EDGAR
PO BOX 75
EAST BOSTON, MA 02128**

License #: **778**
City # **G113**
Fee: **550.00**
Account ID: **660**
Reference #: **778**

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 METRO AUTO REPAIR Business Location: 47 WEBSTER AVE Business Phone: 617-629-4700	
License Holder: PINEROS, EDGAR O. METRO AUTO REPAIR 46 HANCOCK STREET, APT. #2 CHELSEA, MA 02150 617-629-4700	
Mailing Address: PINEROS, EDGAR EAST BOSTON, MA 02128	
Business Type: SOLE PROPRIETORSHIP OWNER - EDGAR PINEROS	
FID: 999999999	
Food Manager/Emergency Contact: EDGAR PINEROS 617-429-2376	

2013 MAY 13 P 1.58
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

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 MECHANICAL REPAIRS
- 14 VEHICLES INSIDE
- 1 STORING VEHICLES
- 6 VEHICLES OUTSIDE
- 20 VEHICLES

Description of Location and/or Other Conditions:

Originally Issued 12/9/1982. No Vehicles Parked On Sidewalk Or Street. 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: Edgar Pineros Date: 5/14/13
 Print Name: EDGAR PINEROS Phone: 617 429 2376

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: EDGAR PINEROS
Address: 133 PRINCENTON ST. APT 1
City: E. BOSTON State: MA Zip: 02128 Phone #: 617 429 2376

- 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 MECHANICAL / CARS

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

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: Edgar Pineros Date: 5/13/13

Print Name: EDGAR PINEROS

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: 031-664-821

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

Address of taxpayer/applicant's home in Somerville: 47 WEBSTER AV. SOMERVILLE 02143

Taxpayer/applicant's phone: day: 6174292376 evening: _____

I, (print name) SOLAR PINAROS, 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 _____, 20_____.
(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: _____

15824 # 1241071001 # 1338 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED
UB
5-14-13