

NEW
GARAGE LICENSE APPLICATION

Application Fee \$500.00

2010 JUN -9

A 11:21

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	6/9/10
Amount Paid	#575-

Date JUNE 2010

CITY CLERK'S OFFICE
SOMERVILLE, MA

For the storage of 14 vehicles inside

0 vehicles outside

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business Name: GE AUTO REPAIR INC Phone: 781 831 7034

Business DBA Name (if applicable):

ASSESSING
HAS IT AT
627 SOM. AVE.
JSL

Address with Zip Code: 631 SOMERVILLE AVE, SOM, MASS, 02143

Tax Identification Number: 932-73-3028 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): 627 SOMERVILLE AVE, SOM.

Address with Zip Code: 02143, 631 SOMERVILLE AVE, MASS

Property Owner Name: PAT'S TOW

Phone:

Address with Zip Code: (TAURO REALTY TRUST)

Emergency Contact 1: RHA M. RICARDO

Phone: 781 426 1256

Emergency Contact 2: DEUSCI LANDI

Phone: 617-501 4540

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: GEOMARES JOSE CANDIDO

Address with Zip Code: 627 SOMERVILLE AVE, SOM. MASS 02143

Partner's/Member's/Secretary's Name: SAME

Address with Zip Code:

Partner's/Member's/Treasurer's Name: SAME

Address with Zip Code:

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 vehicle 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 MALDEN MASS, 2008

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 _____

Describe all of the premises to be used in the business: ONE BUILDING
GARAGE SERVICES

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.

Signature of Applicant: German Lando Date 06/09/10

Business Name: GE AUTO REPAIR

Business Address: 631 SOMERVILLE AVE SOMERVILLE MASS
02143

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

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

- The use is permitted as of right
- The use requires a special permit
- The use is prohibited

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: 14 inside }
0 outside }

Signature: [Signature] Date: 6/9/10
Print Name: John Driscoll Title: LBI

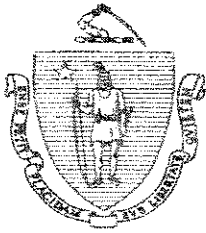
FIRE PREVENTION BUREAU RECOMMENDATION

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: 6/9/10
Print Name: AT VINCENT McLAUGHLIN Title: AT



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street, 7th Floor
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: GE AUTO REPAIR INC
 address: 631 SOMERVILLE AVE
 city: SOMERVILLE state: MASS zip: 02143 phone #: 781-831-1034

work site location (full address):

I am a sole proprietor and have no one working in any capacity. **Business Type:** Retail Restaurant/Bar/Eating Establishment
 Office Sales (including Real Estate, Autos etc.)
 I am an employer with _____ employees (full & part time). Other _____

I am an employer providing workers' compensation for my employees working on this job.

company name: _____
 address: _____
 city: _____ phone #: _____
 insurance co. _____ policy # _____

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: _____
 address: _____
 city: _____ phone #: _____
 insurance co. _____ policy # _____

company name: _____
 address: _____
 city: _____ phone #: _____
 insurance co. _____ policy # _____

Attach additional sheet if necessary

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 Geomar J. Candido Date JUNE 09, 2010
 Print name GEOMARES J CANDIDO Phone # 781-831-1034

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____

check if immediate response is required

contact person: _____ phone #: _____

(revised Sept. 2003)



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: GE Auto REPAIR
2. Address of taxpayer/applicant's business in Somerville: 63! SOMERVILLE AVE, Som
3. Address of taxpayer/applicant's home in Somerville: 63! SOMERVILLE, SOMERVILLE, MA
4. Taxpayer/applicant's phone: day: 78! 83! 1034 evening: 78! 83! 1034

I, Graham Jondot, 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 9th day of

June, 2010. Graham Jondot
(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: _____

20663013 # _____ # NO ACC # _____

627 Som Ave

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: **received**
6-9-10

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

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.

GE AUTO REPAIR INC

*Signature of Individual or Corporate Name (Mandatory)

Gromar / cind

By: Corporate Officer (Mandatory, if a corporation)

932-73-3028

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.