

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

JAMES TIVINIS
693 MCGRATH HIGHWAY
SOMERVILLE MA 02145

LIC #: 2012-209
B.O.A.# 163043

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: X Parking or Storing Vehicles: Washing Vehicles: Spray Painting: Operating a Tow Vehicle:

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
This Certificate must be signed and filed with the required fee of \$550.00 not
later than April 30, 2012. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current
records below. Please print or type your information, except for signature.

Company Name: FELLSWAY AUTO REPAIR, CO. TEL: 617-628-0806
Company Address: 00693 MCGRATH HWY

City: SOMERVILLE State: MA Zip: 02145

Check One:

Individual: Co: Corp: X Trust: Agency Ship Other

Owner Name: JAMES TIVINISTEL: 617-628-0806Owner Address: 693 MCGRATH HIGHWAY

Owner City: SOMERVILLE State: MA Zip: 02145

FID#: 043415996

This renewal is being sent to you as a courtesy, please file on time. If this
renewal is not returned to City Clerk's office by 04/30/2012, please advise.

***** HOURS OF OPERSTIONS *****

MONDAY-FRIDAY: 07:00 AM-06:00 PM

SATURDAY: 08:00 AM-01:00 PM

SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2012-209
FEE: \$550.00

This is to certify: JAMES TIVINIS
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 03/12/1988

Garage situated at: 00693 MCGRATH HWYDoing business as : FELLSWAY AUTO REPAIR, CO.

Shall not exceed: 5 Vehicles Inside & 10 Vehicles Outside, not on public ways
in addition the following restrictions apply:

10 FT. FENCE DIVIDING 8/10 KENNSINGTON 12/12A KENNSINGTON FROM MCGRATH
HWY BUILDING, SOUNDPROOF INSIDE OF BUILDING FACING KENNSINGTON AVE.

NO IDLING OF VEHICLES IN LOT. EXHAUST OF CARS BE DIRECTED UP OVER
BUILDING VIA DUCT WORK. ALL EPA AND OTHER ENVIRONMENTAL REQUIREMENTS BE
CERTIFIED BY CITY'S EPA OFFICER AND FIRE DEPT. AS REQUIRED BY LAW.

This renewal certificate must be signed by the holder of the license.

Check One: Owner X Occupant Holder

Signature of Applicant

Address

City

State

Zip

Received:

City Clerk

Office Use Only **

Mailed Taken

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 the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: Fellsbury Auto Repair
Somerville Address and Zip Code: 693 McGrath Hwy Som, MA 02145
Phone Number of the Business: (617) - 628-0806

The Legal Name of the License Holder: JAMES TIVINIS
Street Address of the License Holder: 693 McGrath Hwy.
City, State and Zip Code of the License Holder: Somerville, ma 02145
Phone Number of the License Holder: 617-628-0806
Email Address of the License Holder: _____

Where We Should Send Mail: Name: Fellsbury Auto Repair
Street Address: 693 McGrath Hwy
City, State and Zip Code: Somerville, ma 02145
Email: _____
Phone Number: 617-628-0806

Federal ID # (Do Not Give a Social Security #): 043-415 996

Emergency Contact and Phone (For Fire Dept. Use): JAMES TIVINIS 978-304-1029

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: JAMES TIVINIS
Name of Secretary: JAMES TIVINIS
Name of Treasurer: JAMES TIVINIS
Other (Attach a Description of the Form of Ownership and the Names of Owners) _____

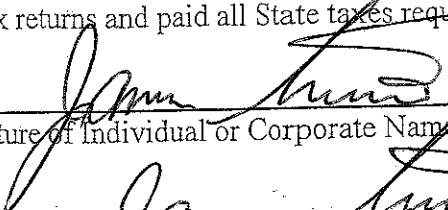
ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:
-All information shown above is true and accurate.
-Any changes above are subject to the approval of the Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by law for this business.

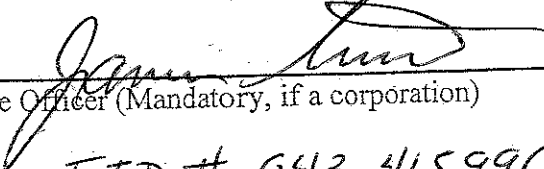
License Holder Signature: [Signature] Date: 7-3-12

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.


* Signature of Individual or Corporate Name (Mandatory)


By: Corporate Officer (Mandatory, if a corporation)

FID # 043 415996
** 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.



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: Felbloey Auto Repair

Address of taxpayer/applicant's business in Somerville: 693 McGrath Hwy.

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

Taxpayer/applicant's phone: day: 617 628-0806 evening: 978 304 1029

I, (print name) James TIVINS, 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 3rd 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:

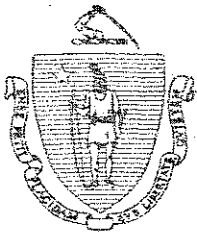
☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____
2261087 # 14400400 # _____ # _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:





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: JAMES TIVINIS
address: 21 Campbell Road
city: Middleton state: MA zip: _____ phone # 978 304-1029

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 4 employees (full & part time). ☒ Other Auto Repair
☐ I am an employer providing workers' compensation for my employees working on this job.

company name: Felbway Auto Repair, Inc
address: 693 McGrath Hwy
city: Somerville phone #: 617-628-0806
insurance co. Zurich policy # WC 0457602301

☐ 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: James Tivinis Date: 4-3-12
Print name: JAMES TIVINIS Phone #: 617 628-0806

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

city or town: _____ permit/license # _____
☐ check if immediate response is required
contact person: _____ phone #: _____
☐ Building Department
☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other _____

(revised Sept. 2003)