

**CITY OF SOMERVILLE**

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

**Application to Renew Garage License****WEBSTER AUTO BODY CO./M.H. SIEGEL, L.L.****64 WEBSTER AVE****SOMERVILLE MA 02143**

2015 MAR 26 P 2:14

License #:

BL15-000781

File #:

15-663

Fee:

550

CITY CLERK'S OFFICE  
SOMERVILLE, MA

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> 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. 64 WEBSTER AVE SOMERVILLE MA 02143	
<b>Mailing Address:</b> WEBSTER AUTO BODY CO./M.H. SIEGEL, L.L. 64 WEBSTER AVE SOMERVILLE MA 02143	
<b>Business Type:</b> Corporation MELVIN SIEGAL WILLIAM SIEGAL JEROLD SIEGAL	
<b>FID:</b> 042319664	
<b>Emergency Contact:</b> WILLIAM SIEGAL <b>Phone:</b> 617-666-8181	
<b>Proposed Hours of Operation if outside standard hours:</b> MO-FR 8AM-6PM, SA 8AM-2PM <b># of Vehicles Kept Inside:</b> 11 <b># of Vehicles Kept Outside:</b> 0 <b>Open to the public?</b> Yes <b>Mechanical repairs?</b> No <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	Yes

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:

Date:

3-26-15



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

Address of taxpayer/applicant's home in Somerville: Somerville, Ma 02143

Taxpayer/applicant's phone: day: 617 666 8181 evening: 617 594 9773

I, (print name) Jerald 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

\_\_\_\_\_, 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: \_\_\_\_\_

# 10689 # 124072001 # 1281 # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: URS

ORIGINAL STAMP:

RECEIVED  
3-26-15



**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: Service Auto Body Inc  
Address: 69 Webster Ave  
City: Somerville State: Ma Zip: 02143 Phone #: 617 666 8181

- ☒ I am an employer with 12 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 repair shop

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: AIC C  
Address: PO Box 1528  
City: Springfield State: Ma Zip: 01101 Phone #: 800 688 7256  
Policy #: WC 003019-15 Expiration Date: 11/1/16

**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: Jerald Siegel Date: 3-26-15  
Print Name: Jerald Siegel

**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 \_\_\_\_\_