



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

2014 MAR -3 P 1:20

CITY CLERK'S OFFICE
SOMERVILLE, MA**APPLICATION TO RENEW GARAGE LICENSE**

CENTURY TIRE CO., INC.
263-269 BEACON ST
SOMERVILLE, MA 02143

License #: 587
CK #45219 City #G158
Fee: \$550.00 550.00
Account ID: 475
Reference #: 587

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: CENTURY TIRE AND AUTO SERVICE Business Location: 263 BEACON ST Business Phone: 617-547-7878	
License Holder: CENTURY TIRE CO., INC. 263-269 BEACON ST SOMERVILLE, MA 02143 617-547-7878	
Mailing Address: CENTURY TIRE CO., INC. 263-269 BEACON ST SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - CHARLES DESALVO SECRETARY - DAVID DESALVO TREASURER - JOSEPH DESALVO	
FID: 043045238	
Food Manager/Emergency Contact: CHUCK DESALVO 781-367-4374	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **M-F 7A-7P SA 7A-5:30P**

OPEN TO THE PUBLIC

- 1 MECHANICAL REPAIRS
- 6 VEHICLES INSIDE
- 4 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

Originally Issued 2/14/1991, No Vehicles On Public Way At Any Time. 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: *Charles Desalvo*

Date: 2-28-14

Print Name: Charles Desalvo

Phone: 617 547-7878



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Century Tire & Auto Service

Address of taxpayer/applicant's business in Somerville: 267 Beacon St

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

Taxpayer/applicant's phone: day: 617 547-7878 evening: 781 367-4374

I, (print name) Charles DeSalvo, 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 28 day of February, 2014. Charles DeSalvo
(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: _____

1137 # 243019001 # 39 # _____

NOTES:

CLERK'S INITIALS: CD

ORIGINAL STAMP:  **RECEIVED**
2/3/14

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: Century Tire & Auto Service
Address: 267 Beacon St.
City: Somerville State: Ma Zip: 02143 Phone #: 617 547-7878

- 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: MA Retail Merchants Group / Core Risk
Address: P.O. Box 85922-9222
City: Braintree State: MA Zip: 0185 Phone #: 781 353 2081
Policy #: 014005031591114 Expiration Date: yearly

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: Charles DeSalvo Date: 2-28-11
Print Name: Charles DeSalvo

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 _____