

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

ERIC SHAKES & EVERTON GAYLE
80 BRADBURY AVENUE
MEDFORD MA 02155

LIC #: 2011-207
B.O.A.# 162984

*** 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: X 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 \$500.00 not
later than April 30, 2011. 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: CHICKEN & SHAKES AUTOMOTIVE TEL: 617-628-6622
Company Address: 00006 A-00006 B BEACH AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: Co: Corp: X Trust: Agency Ship Partner Other
Owner Name: ERIC SHAKES & EVERTON GAYLE TEL: 781-396-9158
Owner Address: 80 BRADBURY AVENUE

Owner City: MEDFORD State: MA Zip: 02155
FID#: 013622800

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 04/30/2011, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

OUR CURRENT INFORMATION SHOWS
-- GARAGE OPEN TO THE PUBLIC -- LICENSE #: 2011-207
FEE: \$500.00

This is to certify: ERIC SHAKES & EVERTON GAYLE
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 02/26/1998

Garage situated at: 00006 A-00006 B BEACH AV
Doing business as : CHICKEN & SHAKES AUTOMOTIVE
Shall not exceed: 8 Vehicles Inside

in addition the following restrictions apply:
BEACH AVE TO BE MAINTAINED AS AN OPEN PASSAGEWAY AND THE DUMPSTERS TO
BE IN COMPLIANCE WITH THE IMPENDING NEW CITY ORDINANCE COVERING
DUMPSTERS.
APPROVED WITH STANDARD HOURS OF OPERATION BOA #180878, 4/1/2006

CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 APR 12 A 11:15

This renewal certificate must be signed by the holder of the license
Check One: Owner Occupant X Holder

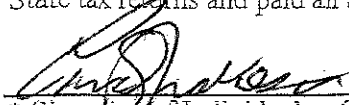
ERIC SHAKES
Signature of Applicant
6 BEACH AV
Address
Somerville MA 02143
City State Zip

** Office Use Only **
Mailed
Taken
Received: \$500.00 ck# 13211
4/12/11 - ms
City Clerk

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)

043. 40. 7273

By: Corporate Officer (Mandatory, if a corporation)

** 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: CHICKEN AND SHAKES AUTOMOTIVE

Address of taxpayer/applicant's business in Somerville: 6 BEACH AV

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

Taxpayer/applicant's phone: day: 617 628 6622 evening: 957 251 7635

I, (print name) ERIC SHAKES, 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 10 day of APRIL, 20 11.
[Signature]
(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: _____
#18586190 #12404502 No Acc # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

received
[Handwritten initials]



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: CHICKEN AND SNAKES Automotive
 address: 6 BEACH AV
 city: SOMERVILLE state: MAS zip: 02143 phone # 617 628-6622

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: CHICKEN and SNAKES Automotive
 address: 6 BEACH AV
 city: Somerville MAS 02143 phone #: 617 628 6622
 insurance co. SELECTIVE INS policy # A 9094685

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 [Signature] Date 4 10 11
 Print name ERIC SHAKES Phone # 617 628 6622

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)