

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

J & E AUTO BODY, INC.
3 HAWKINS STREET
SOMERVILLE MA 02143

LIC #: 2012-221
B.O.A.# 168122

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ___ 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 \$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: J&E AUTO BODY, INC. TEL: 617-623-6790
Company Address: 00009 HAWKINS ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Ship ___ Other ___

Gov't Partner
Owner Name: J & E AUTO BODY, INC. TEL: 617-623-6790

Owner Address: 3 HAWKINS STREET

Owner City: SOMERVILLE State: MA Zip: 02143

FID#: 043397754

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: 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 #: 2012-221
FEE: \$550.00

This is to certify: J & E AUTO BODY, INC.
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 12/14/2000

Garage situated at: 00009 HAWKINS ST

Doing business as : J&E AUTO BODY, INC.

Shall not exceed: 2 Vehicles Inside & 4 Vehicles Outside, not on public ways
in addition the following restrictions apply:

3-9 HAWKINS STREET FRONT

CITY CLERK'S OFFICE
SOMERVILLE, MA
012 MAR 27 P 2:33

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

Check One: Owner ___ Occupant ___ Holder ___

Signature of Applicant

Address

City State Zip

** Office Use Only **

Mailed ___
Taken [check]

Received: 3/27/12 - MS

\$550.00 ck# 5032

City Clerk

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:	J. E AUTO BODY INC
Somerville Address and Zip Code:	9 HAWKINS ST Som 02143
Phone Number of the Business:	617-6236790

The Legal Name of the License Holder:	Eddie GIRON
Street Address of the License Holder:	50 woodFALL Rd Belmont MASS 02478
City, State and Zip Code of the License Holder:	BELMONT MASS 02478
Phone Number of the License Holder:	617-6997593
Email Address of the License Holder:	J E AUTO BODY @HOTMAIL.COM

Where We Should Send Mail: Name:	9 HAWKINS ST Eddie GIRON
Street Address:	9 HAWKINS ST
City, State and Zip Code:	SOMERVILLE MASS 02143
Email:	J E AUTO BODY @HOTMAIL.COM
Phone Number:	617-6236790

Federal ID # (Do Not Give a Social Security #):	043397754
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Emergency Contact and Phone (For Fire Dept. Use):	617-6997593 Eddie
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Type of Business (Check Only One and Give the Names Indicated):
<input type="checkbox"/> Sole Proprietor: Name of Owner: _____
<input type="checkbox"/> Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
<input type="checkbox"/> Trust: Names of All Trustees Who Own More Than 10%: _____
<input checked="" type="checkbox"/> Corporation (inc. LLC): Name of President: <u>Eddie GIRON</u>
Name of Secretary: <u>Eddie GIRON</u>
Name of Treasurer: _____
Other (Attach a Description of the Form of Ownership and the Names of Owners)

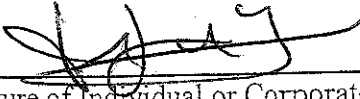
ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:
-All information shown above is true and accurate.
-Any changes above are subject to the approval of the Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by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

License Holder Signature: [Signature] Date 3-26-2012


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)

043397754

** 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: _____

Address of taxpayer/applicant's business in Somerville: 9 HAWKIN ST

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

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) _____, 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: _____

6817 # 233023011 # 564 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



RECEIVED
UBaraw
3-27-12



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: J & E Auto Body INC

address: 9 HAWKINS ST

city: Somerville state: Mass zip: 02143 phone #: 617-6236790

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: ACE AMERICAN INS. COMPANY

address: P.O. BOX 3556 ORLANDO FL. 32802-3556

city: ORLANDO phone #: 1800 453 9843

insurance co. ACE AMERICAN INS policy #: 4531 PO 69

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: 3-26-2017

Print name: Eddie Girard Phone #: 617-6236790

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

contact person: phone #:

(revised Sept. 2003)