



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

APPLICATION TO RENEW GARAGE LICENSE

MOTORSPORTS, INC.
486 R COLUMBIA ST
SOMERVILLE, MA 02143

2013

License #: 600
City #G204
Fee: 550.00
Account ID: 488
Reference #: 600

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: For MOTORSPORTS, INC. Business Location: 486 COLUMBIA ST Business Phone: 617-767-2912	2013 APR 30 PM 3:17 CITY CLERK'S OFFICE SOMERVILLE, MA
License Holder: MOTORSPORTS, INC. 486 R COLUMBIA ST SOMERVILLE, MA 02143 617-767-2912	
Mailing Address: MOTORSPORTS, INC. SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC)	
FID: 260319908	
Food Manager/Emergency Contact:	

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

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

OPEN TO THE PUBLIC

- | | | |
|----------------------|--------------------|--------------------|
| 1 AUTO BODY WORK | 1 STORING VEHICLES | 5 VEHICLES OUTSIDE |
| 1 MECHANICAL REPAIRS | 8 VEHICLES | 1 WASHING VEHICLES |
| 1 SPRAY PAINTING | 3 VEHICLES INSIDE | |

Description of Location and/or Other Conditions:
Originally Issued 12/22/1997. 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: *Gilberto Junior* Date: 4/30/13
Print Name: Gilberto Junior Phone: 617 767 2912

*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: Motorsports inc
 Address: 480 Columbus st
 City: Somerville State: MA Zip: 02143 Phone #: 617 767 2912

- I am an employer with _____ 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
 Other _____ Entertainment
 Manufacturing
 Health Care

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone #: _____
 Policy #: _____ Expiration Date: _____

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: [Signature] Date: 8-28-13 4-30-13
 Print Name: Roberto

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____ Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____

Contact Person: _____ Phone #: _____



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: Jon Rooby

Address of taxpayer/applicant's business in Somerville: 480 Columbus St

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

Taxpayer/applicant's phone: day: 617 767 2912 evening: _____

I, (print name) Joe Nissenbaum, 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 30th day of March April, 20 13. [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: _____
3731 # 146007021 # _____ # _____

NOTES:

CLERK'S INITIALS: URS

ORIGINAL STAMP:

RECEIVED
UB...
4-30-13