

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

\$500.00 CASH

EXECUTIVE AUTO BODY
320 RIDGE AVENUE #206
CAMBRIDGE MA 02140

LIC #: 2010-171

2010 SEP 15 A 10:28

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ___ Auto Body Work: X Parking or Storing Vehicle: ___
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, 2010. 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: EXECUTIVE AUTO BODY TEL: 617-576-1855
Company Address: 00030 MEDFORD ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Gov't Partner
Ship ___ Other ___
Owner Name: EXECUTIVE AUTO BODY TEL: 781-241-7857
Owner Address: 320 RIDGE AVENUE #206

Owner City: CAMBRIDGE State: MA Zip: 02140
FID#: 582674700

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 04/30/2010, 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 #: 2010-171
FEE: \$500.00

This is to certify: EXECUTIVE AUTO BODY
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 07/09/1992

Garage situated at: 00030 MEDFORD ST
Doing business as : EXECUTIVE AUTO BODY
Shall not exceed: 13 Vehicles Inside
in addition the following restrictions apply:

NO BLOCKING OF THE SIDEWALK OR ANY PUBLIC WAY. INCLUDING SNOW REMOVAL
PERIODS, PARK NO VEHICLES ALONG MEDFORD, BEDFORD, SOUTH STREETS.
THAN 16 VEHICLES MUST ADHERE TO LEASE AGREEMENT.
AMENDED PER 11/09/2006 BOA #182128 3 CARS REDUCED FROM GARAGE LICENSE
FOR USED CAR LICENSE.

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

Signature of Applicant

30 Medford St

Address

Somerville MA 02143
City State Zip

** Office Use Only **

Mailed ___
Taken ___

Received: _____

City Clerk



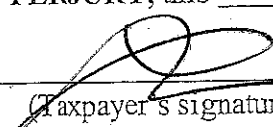
City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

- 1. Exact name of taxpayer/applicant's business: C.C & D. LTD
- 2. Address of taxpayer/applicant's business in Somerville: 30 Madison St
- 3. Address of taxpayer/applicant's home in Somerville: _____
- 4. Taxpayer/applicant's phone: day: 617-576-1855 evening: _____

I, Eugene Dobbh / C.C. & D. LTD, 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 15 day of Sep, 20 10.

(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: _____
- # 04191052 # 124022021 # NO ACC# # _____

NOTES:

CLERK'S INITIALS: 

ORIGINAL STAMP:

received
9-15-10



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: C C & D. LTD
 address: 30 Bedford St.
 city: Somerville state: MA zip: 02143 phone # 617 576 1855

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 0 employees (full & part time). Other
 I am an employer providing workers' compensation for my employees working on this job.

company name:
 address:
 city: phone #:
 insurance co. policy #

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 year's 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: 9/15/10
 Print name: Eugene Dobkin Phone #: 617 576 1855

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)

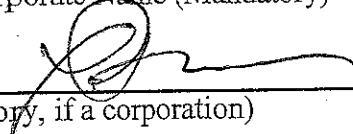
MASSACHUSETTS DEPARTMENT OF REVENUE

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.

CC. & D. LTD

* Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

582624700

** 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.