



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

PAST DUE

2015 NOV 17 P 2:33

CITY CLERK'S OFFICE
SOMERVILLE, MA**Application to Renew Flammables License**

RAFAEL E. CASTILLO
141 MIDDLESEX AVENUE
MEDFORD MA 02155

License #: BL15-000900
File #: 15-618
Fee: 550

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: RAFAEL E. CASTILLO Business Location: 343 MEDFORD ST Business Phone: 617-823-0021	Good Gas
License Holder: RAFAEL E. CASTILLO 141 MIDDLESEX AVENUE MEDFORD MA 02155	PCT Auto Service Inc
Mailing Address: RAFAEL E. CASTILLO 141 MIDDLESEX AVENUE MEDFORD MA 02155	
Business Type: Corporation	PCT Auto Service Inc
FID: 261691140	
Emergency Contact: Phone:	
# of Gallons of Flammables to be Stored: 20500 Describe Flammables to be Stored: Not yet provided. Proposed Hours of Operation: Not yet provided.	

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: _____

Date: _____

11/17/15

Printed Name: _____

RAFAEL E CASTILLO

Phone: _____

617 276 0590



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: PCJ AUTO SERVICES DBA GOODGAS

Address of taxpayer/applicant's business in Somerville: 345 MEDFORD ST

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

Taxpayer/applicant's phone: day: 617760590 evening: 6178230021

I, (print name) RAFAEL E CASTILLO, 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 SEVENTEEN day of NOVEMBER, 2015.

Rafael Castillo
(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: _____

10062 # 208001001 # 833 # _____

NOTES:

CLERK'S INITIALS: URS

ORIGINAL STAMP: 

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: PCS AUTO SERVICE INC
Address: 345 MEDFORD ST
City: SOMERVILLE State: MA Zip: 02145 Phone #: 617 7760590

- ☐ I am an employer with 5 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
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other GAS STATION

Workers' compensation insurance information (if applicable):

Insurance Company Name: TRAVELERS - O'DONOGHUE INS AGCY
Address: 2117 WASHINGTON
City: ~~MA~~ WASHINGTON State: MA Zip: 02339 Phone #: 781 646 9300
Policy #: 3460R156 UB Expiration Date: 7/31/16

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: *Rafael E Castillo* Date: 11/17/15
Print Name: RAFAEL E CASTILLO

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 _____