

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

SAKO KASSABIAN
126 TOTTEN POND ROAD
WALTHAM MA 02452

LIC #: 2010-166
B.O.A.# 179064

2010 APR 22 P 12:17

*** 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: X

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: E-Z AUTO BODY TEL: 617-623-2020
Company Address: 00627 SOMERVILLE AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: ___ Trust: ___ Agency ___ Ship X Other ___
Gov't Partner
Owner Name: SAKO KASSABIAN TEL: 617-666-2300
Owner Address: 126 TOTTEN POND ROAD

Owner City: WALTHAM State: MA Zip: 02452
FID#: 542084908

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: 09:00 AM-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2010-166
FEE: \$500.00

This is to certify: SAKO KASSABIAN
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 11/19/1991

Garage situated at: 00627 SOMERVILLE AV
Doing business as : E-Z AUTO BODY
Shall not exceed: 33 Vehicles Inside

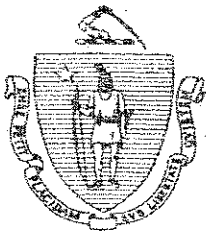
in addition the following restrictions apply:
APPROVED ON JULY 20, 2005. AMENDED ON 08/11/05. BOA #179064.
APPROVED ON 5/11/2006 BOA #180866 W/CONDITIONS NO WASHING VEHICLES ON
PROPERTY.NO USE OF PUBLIC WAY FOR STORAGE OF VEHICLES. NO TOW TRUCKS
PARKED ON PUBLIC WAYS AT ANY TIME.

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

[Signature]
Signature of Applicant
619 Somerville ave
Address
Somerville MA 02143
City State Zip

** Office Use Only **
Mailed _____
Taken _____
Received: _____

City Clerk



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: EZ Auto Body
 address: 619 Somerville Ave
 city: Somerville state: MA zip: 02143 phone # 617-623-2020

work site location (full address): 619 Somerville Ave Somerville MA 02143

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 1 employees (full & part time). Other Body Shop

I am an employer providing workers' compensation for my employees working on this job.

company name: The Hartford EZ Auto Body

address: 619 Somerville Ave

city: Somerville MA 02143 (617-623-2020) phone #: 1800-327-3636

insurance co. The Hartford Casualty Insurance policy # 08WECTW7582

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 Sako Kassarjian Date 4-7-10

Print name Sako Kassarjian Phone # 617-623-2020

official use only do not write in this area to be completed by city or town official

city or town: permit/license # Building Department

check if immediate response is required Licensing Board Selectmen's Office Health Department Other

contact person: phone #:

(revised Sept. 2003)



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: Sako Kassabian
- 2. Address of taxpayer/applicant's business in Somerville: 619 Somerville Ave Somerville MA 02143
- 3. Address of taxpayer/applicant's home in Somerville: _____
- 4. Taxpayer/applicant's phone: day: 617-623-2000 evening: 617-780-8834

I, Sako Kassabian, 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 22 day of April, 20 10.
Sako Kassabian
(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: _____
- # ~~200~~ 20663013 # 24104101 # 30053790 # _____

NOTES:

241040001

CLERK'S INITIALS: [Signature]

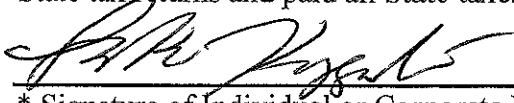
ORIGINAL STAMP:

received
4-22-10

MASSACHUSETTS DEPARTMENT OF REVENUE

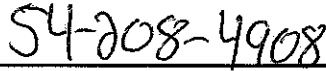
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

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)



** 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.