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

License #: 856
City #G237
Docket #196797
Account ID: 25
Reference #: 856

GARAGE

License Expires: 07/31/14

GE & M AUTO SERVICE INC.
ALEWIFE AUTOMOTIVE
395 ALEWIFE BROOK PKWY
SOMERVILLE, MA 02144

This is to certify that GE & M AUTO SERVICE INC., dba ALEWIFE AUTOMOTIVE,

has been granted a/an GARAGE license in the City of Somerville, ONLY at the following address: 395 ALEWIFE BROOK PKWY.

This license is issued subject to the provisions of the General Laws of the Commonwealth, all ordinances of the City, and all regulations or conditions of the BOARD OF ALDERMEN, including but not limited to any specific conditions listed below.

License Information:
Originally Issued 12/20/2005, No Auto Body. No Spray Painting. No Washing Vehicles. No OperatingTow Vehicles.

Hours: MO-FR 8AM-6PM, SA 8AM-5PM
OPEN TO THE PUBLIC

Food Manager / Emergency Contact: GEORGE MIKHAEL 617-372-0648

1 MECHANICAL REPAIRS
3 VEHICLES INSIDE
9 VEHICLES OUTSIDE

Attest for the BOARD OF ALDERMEN:

John J Long

This license is NOT Transferable, and no changes may be made to this license without the approval of the BOARD OF ALDERMEN.
This license must be posted in a conspicuous place on the premises.

CITY OF SOMERVILLE, MASSACHUSETTS
BOARD OF ALDERMEN

April 24, 2014

SUMMARY

#196797	By Ald. Ballantyne
Order	That the Garage and Used Car licenses for Alewife Automotive, 395 Alewife Brook Parkway, be amended to run for 90 days only, and to limit outdoor parking to 9 vehicles for the garage and 20 vehicles for used cars.

FULL TEXT

That the Garage and Used Car licenses for Alewife Automotive, 395 Alewife Brook Parkway, be amended to run for 90 days only, and to limit outdoor parking to 9 vehicles for the garage and 20 vehicles for used cars.

SUBMITTED BY Ald. Ballantyne

RESULT

RESULT: **APPROVED**

27415542014900000933200000550004

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

APPLICATION TO RENEW GARAGE LICENSE

GE & M AUTO SERVICE INC.
ALEWIFE AUTOMOTIVE
395 ALEWIFE BROOK PKWY
SOMERVILLE, MA 02144

License #: **856**
City #G237
Fee: **550.00**
Account ID: **25**
Reference #: **856**

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: **ALEWIFE AUTOMOTIVE** Business Location: **395 ALEWIFE BROOK PKWY** Business Phone: **617-623-9615**	
License Holder: **GE & M AUTO SERVICE INC.** **ALEWIFE AUTOMOTIVE** **395 ALEWIFE BROOK PKWY** **SOMERVILLE, MA 02144** **617-623-9615**	
Mailing Address: **GE & M AUTO SERVICE INC.** **ALEWIFE AUTOMOTIVE** **395 ALEWIFE BROOK PKWY** **SOMERVILLE, MA 02144**	
Business Type: **CORPORATION (INC. LLC)** **PRESIDENT - ELIAS MIKHAEL** **SECRETARY - ELIAS MIKHAEL** **TREASURER - GEORGE MIKHAEL**	
FID: **043564703**	
Food Manager/Emergency Contact: **GEORGE MIKHAEL** **617-372-0648**	

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-5PM**

OPEN TO THE PUBLIC

1 MECHANICAL REPAIRS
3 VEHICLES INSIDE
14 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:
Originally Issued 12/20/2005, No Auto Body. No Spray Painting. No Washing Vehicles. No OperatingTow 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: Elias Mikhael Date 4-22-14

Print Name: Elias Mikhael Phone 617-623-9615

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit- General Business

Applicant information:

Name: G E 3 M Auto Service Inc.

Address: 395 Alewife Brook Pkwy

City: Somerville State: Ma. Zip: 02144 Phone #: 617-623-9615

☒ I am an employer with 5 employees (full and/or part time).
☐ I am a sole proprietor or partnership and have no employees.
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
☐ We are a nonprofit organization staffed by volunteers and have no employees.

Business Type:
☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: Ma. Retail Merchants WC Group. Inc.

Address: P.O. Box 859222-9222

City: Braintree State: Ma. Zip: 02185 Phone #: 800-790-8377

Policy #: 0140050323051 14 Expiration Date: 1-1-15

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: Elias Date: 4-22-14

Print Name: Elias Mikhael

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 #:* _____

(revised Jan. 2008)

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: G E 3 M Auto Service Inc.

Address of taxpayer/applicant's business in Somerville: 395 Alewife Brook Pkwy

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

Taxpayer/applicant's phone: day: 617-623-9615 evening: 617-372-0648.

I, (print name) Elias mikhael, 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 23 day of April, 2014. [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: ___
# 334	# 346054001	# 13	#

NOTES:

CLERK'S INITIALS: _____ **ORIGINAL STAMP:** received 4-24-14