

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

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

856 Reference #:

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

MECHANICAL REPAIRS

VEHICLES INSIDE

VEHICLES OUTSIDE

Attest for the BOARD OF ALDERMEN:

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 Order By Ald. Ballantyne

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



GE & M AUTO SERVICE INC.

ALEWIFE AUTOMOTIVE 395 ALEWIFE BROOK PKWY

SOMERVILLE, MA 02144

CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW GARAGE LICENSE

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 tru-All information shown above is true and accurate. -Any changes above are subject to the approval of the BOARD OF All have filed all State tax returns and paid all State taxes required by	LDERMEN. aw for this business.	
Signature: Einas Mikhal	Date	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

pplicant information:
ame:
ddress: 395 Alevirle Brook PKWY
ity: Somerville State: Ma. Zip: 02111 phone #: 617.623-9615
I am an employer with employees
Vorkers' compensation insurance information (if applicable):
nsurance Company Name: Ma. 12+ + ail Moscharts we C Group. Inc
P. O. Box 859222-9622
ity: Brantier State: Ma. Zip: 612 87 Phone #: 806-790-837
olicy#: 014005032305114 Expiration Date: 1.1.15
pplicant certification:
ailure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up \$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 or coverage verification.
do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.
ignature: Date: 4.22.1
rint Name: Elias Mikhael
The state of the s
City or Town: Permit/License #: Building Department City/Town Clerk Licensing Board Selectmen's Office
Contact Person: Phone #: Other
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City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

	~	- 2 0	A 1	e	3.5		
Exact name of taxpayer/app	licant's business:	E 3 WI	-1	2510150	V Dr V		
Exact name of taxpayer/app Address of taxpayer/applica	nt's business in Somer	ville: 395	Aleni	/ e /3 to	en FRWY		
Address of taxpayer/applica	nt's home in Somervill	le:					
Taxpayer/applicant's phone	: day: 617-623-9	evening:	:	- 372 -	<u> 9648</u> .		
I, (print name) Elias with 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 fees and is current on said agreement.							
SIGNED UNDER THE PA	AINS AND PENALT	IES OF PERJU	TRY, this	23	_ day of		
-Aga 1	April , 2014. Early (Taxpayer's signature)						
CITY'S ACKNOWLEDGEMENT							
DATE OF ISSUANCE: _	INCLUD	ES RELEVANT POST	TINGS THRO	OUGH:			
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE: Real Estate Water/Sewer Personal Property Other:							
Real Estate	Water/Sewer	Personal P	roperty	Ot	her:		
# 334	#.346054001	# 13		<u>#</u>			
NOTES:					z.		
CLERK'S INITIALS:	→	ORIGINAL	STAMP:	NH-	24 - 14		