



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

APPLICATION TO RENEW GARAGE LICENSE

**MARIO ROCHA
J & C AUTO REPAIR
299 CENTER ST
GROVELAND, MA 01834**

License #: **965**

City #NA

Fee: **550.00**

Account ID: **765**

Reference #: **965**

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: For J & C AUTO REPAIR Business Location: 91 PROSPECT ST Business Phone: 617-776-4199	
License Holder: MARIO ROCHA J & C AUTO REPAIR 299 CENTER ST GROVELAND, MA 01834 617-776-4199	
Mailing Address: MARIO ROCHA 299 CENTER ST GROVELAND, MA 01834	
Business Type: PARTNERSHIP (INC. LLP) PARTNER - JOSEPH ROCHA PARTNER - MARIO ROCHA	
FID: 999999999	
Food Manager/Emergency Contact: JOE ROCHA 781-760-3438	

CITY CLERK'S OFFICE
SOMERVILLE MA
2013 APR 16 A 10:05

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-1PM**

OPEN TO THE PUBLIC

- | | |
|-----------------------------|---------------------------|
| 1 MECHANICAL REPAIRS | 8 VEHICLES OUTSIDE |
| 10 VEHICLES | |
| 2 VEHICLES INSIDE | |

Description of Location and/or Other Conditions:

Issued 7/12/2012. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow 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: *[Signature]* Date *4-16-13*

Print Name: *Josef Rocha* Phone *617-776-4199*

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: J C Auto Repair

Address: 91 Prospect St

City: Somerville

State: MA

Zip: 02143

Phone #: 617-776-4199

- ☐ I am an employer with 1 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: The Travelers Insurance Companies

Address: P.O. Box 1450

City: Middlebury

State: MA

Zip: 02344

Phone #: _____

Policy #: 1HUB-1C41892-3-12

Expiration Date: 7-24-13

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: [Signature]

Date: 4-16-13

Print Name: Isaac Rod

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 #: _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: J & C Auto Repair

Address of taxpayer/applicant's business in Somerville: 91 Prospect St

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

Taxpayer/applicant's phone: day: 617-776-4199 evening: _____

I, (print name) Josep Rod, 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 16 day of April, 2013. [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: _____

12633 # 12509001 # 970 # _____

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP:



RECEIVED
Baron
4-16-13