

NEW

GARAGE LICENSE APPLICATION

Application Fee \$500.00

2010 JUN -1 P 2:46

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	5/1/10
Amount Paid	6575-

Date 05/28/2010

CITY CLERK'S OFFICE
SOMERVILLE, MA

New Application

For the storage of 6 vehicles inside

Renewing Application with Additions or Changes

3 vehicles outside

Renewing Application with NO Additions or Changes

Business Name: Eliane F. Ferreira Phone: 781 350 8881

Business DBA Name (if applicable): B H Towing + Auto Repair

Address with Zip Code: 13 Joy St Somerville MA 02143

Mailing Name (where we should send correspondence to): 13 Joy St Somerville

Address with Zip Code: MA

Property Owner Name: Tauro Realty Trust Phone: 617 666 2300

Address with Zip Code: 161 Kimwood St Somerville MA 02143

Emergency Contact 1: Phone:

Emergency Contact 2: Phone:

Type of Business (Check one): Sole Proprietorship Partnership LLC
 Corporation Other

IF A SOLE PROPRIETORSHIP:

Owner's Name: Eliane F. Ferreira

Address with Zip Code: 27A Chelsea St East Boston MA 02128

IF A PARTNERSHIP, LLC OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name:

Address with Zip Code:

Partner's/Member's/Secretary's Name:

Address with Zip Code:

Partner's/Member's/Treasurer's Name:

Address with Zip Code:

1. Will you be open to the public at this location? Y N
2. Will you be doing mechanical repairs of vehicles at this location? Y N
3. Will you be doing autobody work on vehicles at this location? Y N
4. Will you be spray painting vehicles or parts at this location? Y N
5. Will you be washing vehicle at this location? Y N
6. Will you be charging money to park vehicles at this location? Y N
7. Will you be storing registered vehicles at this location? Y N
8. Will you be storing unregistered vehicles at this location? Y N
9. Will you be operating a tow vehicle at this location? Y N

Have you ever obtained a garage license before? Y N
 If yes, list year, city and state _____

Have you ever been denied a garage license? Y N
 If yes, list year, city and state _____

Have you ever had a garage license revoked or suspended? Y N
 If yes, list year, city and state _____

Describe all of the premises to be used in the business: general automobile
mechanical repairs

The hours of operation for garages are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on April 30, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: [Signature] Date 05/28/2010

Business Name: B.H. towing Auto Repair

Business Address: 13 Joy st somerville

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a _____ Zone.

- The use is permitted as of right
- The use requires a special permit
- The use is prohibited

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the State Building Code. (NOTE: This statement is NOT a certificate of occupancy, nor does it replace the requirement for a certificate of occupancy.)

Maximum number of motor vehicles to be kept on the premises: 6 inside
3 outside

Signature: [Signature] Date: June 1 - 2010

Print Name: _____ Title: _____

FIRE PREVENTION BUREAU RECOMMENDATION

I have inspected the premises mentioned above and based on my inspection:

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the Fire Safety Code. (NOTE: This statement is NOT a storage of flammables permit, nor does it replace the requirement for a storage of flammables permit.)

- A 148 sec. 13 License is required
- A 148 sec. 13 License is NOT required

Signature: [Signature] Date: 6/1/10

Print Name: LT. VINCENT P. McLAUGHLIN Title: LT.

**GIS ABUT
SOMERVILLE, MA**

Map	Blo	Lot	Cut	Un	Al	Location	Grantee	Co grantee-s Name	Mailing Address	City	St Zip	Use	Code	Use Descri
A	1					4 JOY ST	CCC FOUR JOY LLC		PO BOX 435 137 WASHINGTON ST	SOMERVILLE	MA 02143	3160	COMM	WHSE
A	2					12 JOY ST	TRINGALE FRANK A JR		3 CONNORS DR	WOBURN	MA 01801	3321	AUTO	REPR
A	4					24 JOY ST	TAURO REALTY TRUST	R R, D C P E A TAURO	182 WASHINGTON STREET	SOMERVILLE	MA 02143	3910	POT	DEVEL
A	5					30 JOY ST	TAURO REALTY TRUST	TAURO EDWARD & PATRICK	P.O. BOX 153	SOMERVILLE	MA 02143	3370	PARK	LOT
A	6					40 JOY ST	SACCO JOHN & JOANN		10819 CORNWALL LANE	MISSOURI CITY	TX 77459	3321	AUTO	REPR
B	1					160 WASHINGTON ST	ROMANOW ROBERT TRUSTEE	ROMANOW REAL ESTATE TRUST	1010 MEMORIAL DR #5F	CAMBRIDGE	MA 02138	3220	STORE	SHOP
B	8					9 151 LINWOOD ST	AREC 8 LLC		2727 NORTH CENTRAL AVE	PHOENIX	AZ 85004	4010	IND	WHSES
B	12					13 135 LINWOOD ST	BOSTON EDISON COMPANY	PROPERTY TAX DEPT	PO BOX 567	NORWOOD	MA 02062	3161	COMM	WHSE
C	2					1, 259 MCGRATH HWY	HERE CHAMBERS SOMERVILLE	C/O CHAMBERS MOTORCARS BO	259 MCGRATH HWY PO BOX 45408	SOMERVILLE	MA 02145-0004	3300	AUTO	V S&S
D	1					27 182 WASHINGTON ST	TAURO RONALD & EDWARD TRU	TAURO REALTY TRUST	P O BOX 153	SOMERVILLE	MA 02143	0322	STORE	SHOP
D	2					324 MCGRATH HWY	SINGH SANTORH &	KAUR MANUJEET	324 MCGRATH HWY	SOMERVILLE	MA 02143	1040	TWO	FAMILY
D	3					320 MCGRATH HWY	PEREIRA MARCELO CARLOS		320 MCGRATH HWY	SOMERVILLE	MA 02143	1050	THREE	FAM
D	4					314 MCGRATH HWY	DASILVA VERA		314 MCGRATH HWY	SOMERVILLE	MA 02143	1040	TWO	FAMILY
D	5					308 MCGRATH HWY	TAURO RONALD R & EDWARD		182 WASHINGTON STREET P O 153	SOMERVILLE	MA 02143	3321	AUTO	REPR
D	6					306 MCGRATH HWY	TRUST TAURO REALTY	DAVID & EMILY TAURO TRUST	69 EAST ST	MELROSE	MA 02176	1110	AFT	4-8 M
D	7					302 MCGRATH HWY	TAURO EDWARD & RONALD TRU	TAURO REALTY TRUST	PO BOX 153	SOMERVILLE	MA 02143	1050	THREE	FAM

rel Count: 16



HEARING:
WED. 6/23 6PM

ABUTTER PUBLIC HEARING NOTIFICATION

Petitioner: Eliane F. Ferreira
Address: 1340y st Somerville
MA 02143

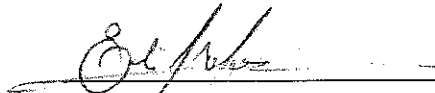
Date: 05/28/2010

To an Abutter or Interested Party:

A Public Hearing for all persons interested will be held before the Somerville Board of Aldermen in the ~~Aldermanic Chambers~~ or Committee Room, City Hall, 2nd Floor, 93 Highland Avenue, Somerville, MA, 02143, on the following date: WEDNESDAY, 6/23/10, at 6⁰⁰ PM, to consider pending cases and hear testimony as to the following matter. You, the abutter or interested party, are invited to appear and be heard at this Hearing.

Description of Permit/License Application, including Location: _____
garage license for BH towing and Auto Repair,
1340y st, for mechanical repair, ^{and} storing registered and
registered and unregistered vehicles, with a max
6 vehicles inside and 3 vehicles outside.

Sincerely,



Petitioner's Signature

**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.

Eliane F. Ferreira

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

~~014-86-3953~~ 26-4377947

**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.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Eliane F. Ferreira

Address of taxpayer/applicant's business in Somerville: 13 yoy st Somerville

Address of taxpayer/applicant's home in Somerville: 37A Addison St East Boston MA 02128

Taxpayer/applicant's phone: day: 781 350 8881 evening: same

I, (print name) Eliane F. Ferreira, 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 28th day of

May, 2010. Eliane Ferreira
(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: _____

20693009 # 145074001 # no acct # found # _____

NOTES:

CLERK'S INITIALS: @

ORIGINAL STAMP:

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143
(617) 625-6600 EXT. 3500 • TTY: (866) 808-4851 • FAX: (617) 666-9682
WWW.SOMERVILLEMA.GOV

received
Ugawa
6-1-10

161 Linwood St

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: Eliane F. Ferreira
Address: 13 yoy st
City: Somerville State: MA Zip: 02143 Phone #: 7813508881

- I am an employer with _____ 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 _____

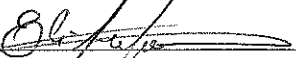
Workers' compensation insurance information (if applicable):

Insurance Company Name: Liberty Mutual (Group) Insurance Company
Address: PO Box 9102
City: Weston State: MA Zip: 02493 Phone #: 18007625026
Policy #: WC1-315-376884-010 Expiration Date: 04/09/2011

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:  Date: 05/28/2010
Print Name: Eliane F. Ferreira

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 #: _____