

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

ADNAN DAHAN
12 GREENOCK LANE
NASHUA

NH 03062

LIC #: 2010-217
B.O.A.# 185734

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ☒ Auto Body Work: ☐ Parking or Storing Vehicles: ☐
Washing Vehicles: ☐ Spray Painting: ☐ Operating a Tow Vehicle: ☐

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: CITY AUTO SERVICE TEL: 617-776-0838
Company Address: 00013 B JOY ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ☐ Co: ☐ Corp: ☒ Trust: ☐ Agency: ☐ Gov't Ship: ☐ Partner Other: ☐
Owner Name: ADNAN DAHAN TEL: 617-201-4206
Owner Address: 12 GREENOCK LANE

Owner City: NASHUA State: NH Zip: 03062
FID#: 261183984

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: 09:00 AM-05:00 PM
SATURDAY: 03:00 AM-05:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

LICENSE #: 2010-217
FEE: \$500.00

This is to certify: ADNAN DAHAN
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 12/09/1999

Garage situated at: 00013 B JOY ST

Doing business as : CITY AUTO SERVICE

Shall not exceed: 2 Vehicles Inside & 4 Vehicles Outside, not on public ways
in addition the following restrictions apply:

A. All VEHICLES serviced by the license holder shall be serviced inside the building and not on any public or private way. All vehicles shall be stored within property lines. B. AN UP DATED CERTIFICATE OF OCCUPANCY TO BE ISSUED BY THE INSPECTIONAL SERVICES DEPT. (IF REQUIRED). C. NO Blocking of the sidewalk or any public way with snow removal periods. D. No vehicles are to be parked along Joy St..

This renewal certificate must be signed by the holder of the license.

Check One: Owner ☒ Occupant ☐ Holder ☐

Adnan Dahan
Signature of Applicant

12 Greenock Lane
Address

Nashua N.H. 03062
City State Zip

** Office Use Only **

Mailed ☐
Taken ☒

Received: \$500.00 ck# 736

4/23/10 - ms
City Clerk

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: City Auto service INC.
Address: 13 B. Joy st.
City: Somerville State: MA Zip: 02143 Phone #: 617-776-0838

- ☒ I am an employer with 2 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: Nor Guard Insurance Group
Address: P.O. Box A-14
City: Wilkes-Barre State: PA Zip: 18703 Phone #: 877-266-6850
Policy #: CIWCO26163 Expiration Date: 11-7-2010

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: Adnan Dahan Date: 4-12-2010

Print Name: _____

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____

☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____

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.

Adrian Salas President
* Signature of Individual or Corporate Name (Mandatory)

CITY Autoservice INC.
By: Corporate Officer (Mandatory, if a corporation)

261183984
** 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

1. Exact name of taxpayer/applicant's business: City Auto
2. Address of taxpayer/applicant's business in Somerville: 13B Joy Street
161 Linwood St R.
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: 617-776 0838 evening: 978-423-8775

I, David Taur0, 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, 20 10.
[Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>20663009</u>	# <u>145074001</u> <u>145056011</u>	# <u>NO ACC</u>	# _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

received
6/4/23/10