



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

2016 JUL 27 A 9:54

Application to Renew Garage License

CITY CLERK'S OFFICE
SOMERVILLE, MA

JUNIOR AUTO BODY, INC.
486R COLUMBIA ST
SOMERVILLE MA 02143

License #: BL15-000600
File #: 15-488
Fee: 605

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: JUNIOR AUTO BODY Business Location: 486 COLUMBIA ST Business Phone: 617-767-2912	28 Motorsports LLC DBA JUNIOR AUTO BODY
License Holder: JUNIOR AUTO BODY, INC. 486R COLUMBIA ST SOMERVILLE MA 02143	
Mailing Address: JUNIOR AUTO BODY, INC. 486R COLUMBIA ST SOMERVILLE MA 02143	
Business Type: Corporation GILBERTO JUNIOR GILBERTO JUNIOR GILBERTO JUNIOR	Gilberto, Tercetti - Junior 20-0032672
FID: MISSING	3292906
Emergency Contact: GILBERTO JUNIOR Phone: 617-767-2912	Gilberto, Tercetti - Junior
Proposed Hours of Operation if outside standard hours: MO-FR 8AM-6PM, SA 8AM-2PM # of Vehicles Kept Inside: 3 # of Vehicles Kept Outside: 5 Open to the public? Yes Mechanical repairs? Yes Autobody work? Yes Spray Painting? Yes Washing vehicles? No Charging money to store vehicles? Yes Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	

Gilberto Tercetti Junior 7/27/16

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.

978-645-2224



owes
pp



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: JAN Realty LLC
Address of taxpayer/applicant's business in Somerville: 486 Columbia st
Address of taxpayer/applicant's home in Somerville: _____
Taxpayer/applicant's phone: day: 61776-0194 evening: same

I, (print name) Gilberto Torcetti-Junior, 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 27 day of July, 2016.
[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: _____
3839 # 146007021 # 340 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP: [Signature]

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: Junior Auto Body Inc
Address: 486R Columbia St
City: Somerville State: MA Zip: 02143 Phone #: 617 767 2912

- 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 Auto Repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: CNA
Address: P.O Box 1450
City: Middleboro State: MA Zip: 02344 Phone #: _____
Policy #: UB-2E802424 Expiration Date: 03/25/17

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: 7/27/16
Print Name: Gilberto Xencetti - JUNIOR

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 _____