

2010 CERTIFICATE OF REGISTRATION

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

MARISTELA ROCHA
66 DEVIR STREET #409
MALDEN MA 02148

LIC #: 2010-112
B.O.A.# 186305

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: X Parking or Storing Vehicles: X

Washing Vehicles: X Spray Painting: X 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: INMAN AUTO CENTER TEL: 617-440-1070
Company Address: 00045 WEBSTER AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: ___ Trust: ___ Agency ___ Ship ___ Gov't Partner Other ___

HOLDER'S Owner Name: MARISTELA ROCHA TEL: 1-857-221-1653

Owner Address: 66 DEVIR STREET #409

Owner City: MALDEN State: MA Zip: 02148

FID#: 261241621

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: 08:00 AM-05:00 PM
SATURDAY: 09:00 AM-05:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

LICENSE #: 2010-112
FEE \$500.00

This is to certify: MARISTELA ROCHA
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 05/27/1982

Garage situated at: 00045 WEBSTER AV
Doing business as : INMAN AUTO CENTER

Shall not exceed: 13 Vehicles Inside & 4 Vehicles Outside, not on public ways
in addition the following restrictions apply:

2/11/93 TRANSFER FROM HILL TOP GARAGE/LINWOOD AUTO BODY TO MICHAEL'S
AUTO CENTER., 05/15/1995 TRANSFERRED TO A & M FOREIGN MOTORS, INC.,
03/03/1998 TRANSFERRED TO PENA AUTOMOTIVE, 08/11/2005 TRANFERRED TO
STAR AUTO CENTER, INC..WITH CONDITIONS: NO VEHICLES PARKED ON STREET,
SIDEWALK OR ADJACENT TO BUILDING. AMENDED ON 08/11/2005, BOA #178285
07/26/2007 TRANSFERRED APPROVED AS AMENDED HOURS. TRANSFERRED #185523,
DATED APRIL 24, 2008. 9/25/2008 #186305 CHANGED NAME OF OWNERS.

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

Check One: Owner ___ Occupant X Holder ___

Signature of Applicant

66 Devir Street #409
Address

Malden, MA 02148
City State Zip

** Office Use Only **

Mailed ___
Taken ___

Received: 4-7-2010

\$500 - CK
City Clerk



CITY OF SOMERVILLE, MASSACHUSETTS
 Treasury Department
 JOSEPH A. CURTATONE
 MAYOR

ELIZABETH CRAVEIRO
 TREASURER & COLLECTOR

WARNING: TREASURY NEEDS FIVE (5) BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

- Name of person requesting certificate: Webster Newton Concord Realty Trust
- Business Location: 45 Webster Avenue

AND/OR

- Taxpayer's Home Address: _____
 Phone: day: 617-232-4258 evening: 617-923-9408
- Business Owner's Home Address: _____
 Business Owner's Phone: day: _____ evening: _____
- Business I.D. Number _____

I, Stephen R. Wyner, 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 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 3rd day of March, 2010.

Stephen R. Wyner
 (Business/Real Estate Owner's signature)

 Please Print Owner's Name

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

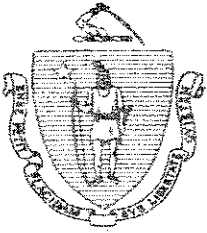
- | | | | |
|---|---|--|---------------------------------------|
| <input checked="" type="checkbox"/> Real Estate | <input checked="" type="checkbox"/> Water/Sewer | <input type="checkbox"/> Personal Property | <input type="checkbox"/> Other: _____ |
| # <u>23719070</u> | # <u>146063001</u> | # _____ | # _____ |

CLERK'S INITIALS: U

ORIGINAL STAMP:

PLEASE CHECK: BUSINESS PERMIT OR BUILDING PERMIT

received
13-3-10



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street, 7th Floor
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: Inman collision center
 address: 45 Webster Ave
 city: Somerville state: MA zip: 02143 phone #: (617) 440 1070

work site location (full address):
 I am a sole proprietor and have no one working in any capacity. Business Type: Retail Restaurant/Bar/Eating Establishment
 Office Sales (including Real Estate, Autos etc.)
 I am an employer with _____ employees (full & part time). Other Auto Body Shop & Repair
 I am an employer providing workers' compensation for my employees working on this job.

company name: Guard Insurance Group
 address: 16 South River St
 city: Wilkes-Barre, PA phone #: 1800-673-2465
 insurance co. policy #: MAWC126493

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: _____
 address: _____
 city: _____ phone #: _____
 insurance co. policy #: _____

company name: _____
 address: _____
 city: _____ phone #: _____
 insurance co. policy #: _____

Attach additional sheet if necessary
 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: 04/05/2010
 Print name: MARISTELA KOCHA Phone #: (617) 440-1070

official use only do not write in this area to be completed by city or town official
 city or town: _____ permit/license #: _____
 check if immediate response is required
 contact person: _____ phone #: _____
 Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____
(revised Sept. 2003)

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.



* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

** 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.