

#### CITY OF SOMERVILLE

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

2016 FEB 25 A 9:00

# Application to Renew Garage License ERVILLE, MA

MODERN FLOORS, INC. 22 MARSHALL ST SOMERVILLE MA 02145 License #:

BL15-000723

File #:

15-601

Fee:

605

Review and update the information below. <u>If you have workers compensation insurance</u>, <u>attach proof showing the insurer and policy number</u>. 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: MODERN FLOORS, INC. Business Location: 22 MARSHALL ST Business Phone: 617-776-7727	
<b>License Holder:</b> MODERN FLOORS, INC. 22 MARSHALL ST SOMERVILLE MA 02145	
<b>Mailing Address:</b> MODERN FLOORS, INC. 22 MARSHALL ST SOMERVILLE MA 02145	
Business Type: Corporation JORGE CHAVES MAGGIE CHAVES KELLY SANTOS	
FID: 042955131	
Emergency Contact: JORGE CHAVES Phone: 617-590-4411	
Proposed Hours of Operation if outside standared hours: MO-FR 8AM-6PM, SA 8AM-2PM # of Vehicles Kept Inside: 2 # of Vehicles Kept Outside: 10 Open to the public? Yes Mechanical repairs? No Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? Yes Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	

I hereby certify under the penalties of perjury that the following is true:

<sup>-</sup>All information shown above is true and accurate.

<sup>-</sup>Any changes above are subject to the approval of the BOARD OF ALDERMEN.



## City of Somerville, Massachusetts Finance Department, Treasury Division

### CERTIFICATE OF GOOD STANDING

CERTITI	CAILOI	OODSTANDING	
Exact name of taxpayer/applicant's	business:	Jorge Chave	<u></u>
Address of taxpayer/applicant's business	iness in Somerv	ville: 22 Man sha	
Address of taxpayer/applicant's horr	ne in Somervill	e: 22 Marshall	8t - Some May
I, (print name)  I, (print name)  Hereby certify that all the information due the City have been paid or that and fees and is current on said agree	on contained he the Taxpayer I	the undersigned precipitation of the correct and the correct and agreement of the correct and	d Taxpayer, do all taxes and fees and to pay all taxes
SIGNED UNDER THE PAINS AN February  CITY'S	_, 20 <u>] 6</u>	Taxpayer's signatu	day of
DATE OF ISSUANCE:	INCLUDE	S RELEVANT POSTINGS THROUGH	l:
TAXES AND ACCOUNT NUMBI	ER(S) INCLU	DED IN CERTIFICATE:	
☐ Real Estate ☐ Wate	er/Sewer	☐ Personal Property	☐ Other:
# 9814 #14	2029001	# 757	#
NOTES:			-4
CLERK'S INITIALS:	<u>6</u>	ORIGINAL STAMP:	130mm) 16

# 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:
Torge May 88
Name: Solde (1000)
Address: 22 Mar Shall 8t,
City: Somewille State: Ma zip: 02145 Phone #: 617776-7720
I am an employer with employees
Workers' compensation insurance information (if applicable):
Insurance Company Name: Bona Corso Ins. agence
Address: 10 Cedar St. #32
City: Woburn State: Ma Zip: D180/ Phone #: 721-937-3200
Policy#: D& WECIT5725 Expiration Date: 9-1-16
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: X Date: HAD Date:
Print Name: Dage Chaves
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
Contact Person: Phone #: Deter