CITY OF SOMERVILLE

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

2016 FEB 25 A 9:00

CITY CLERK'S OFFICE
SOMERVILLE, MA

Application to Renew Garage License

MODERN FLOORS, INC.
22 MARSHALL ST
SOMERVILLE MA 02145

License #: BL15-000723
File #: 15-601
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: MODERN FLOORS, INC. **Business Location:** 22 MARSHALL ST **Business Phone:** 617-776-7727	
License Holder: MODERN FLOORS, INC. 22 MARSHALL ST SOMERVILLE MA 02145	
Mailing Address: 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:
-All information shown above is true and accurate.
-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

Exact name of taxpayer/applicant's business: Jorge Chaves

Address of taxpayer/applicant's business in Somerville: 22 Marshall St. Somerville, Ma

Address of taxpayer/applicant's home in Somerville: 22 Marshall St. Somerville, Ma

Taxpayer/applicant's phone: day: 617-776-7727 evening: 617-590-4411

I, (print name) Jorge Chaves, 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 22nd day of February, 2016. X _____
(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: ___

9814 # 142029001 # 752

NOTES:

CLERK'S INITIALS: VB **ORIGINAL STAMP:** received 2-25-16

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

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: Jorge Chaves

Address: 22 Marshall St.

City: Somerville State: Ma Zip: 02145 Phone #: 617-776-7727

☑ I am an employer with 6 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 Floor Contractor

Workers' compensation insurance information (if applicable):

Insurance Company Name: Bona Corso Ins. Agency

Address: 10 Cedar St. #32

City: Woburn State: Ma Zip: 01801 Phone #: 781-937-3200

Policy #: 08 WEC IT 5725 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: 2/22/16

Print Name: Jorge 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***
☐ ***Licensing Board***
☐ ***Selectmen's Office***
☐ ***Other*** _____

Contact Person: _____ ***Phone #:*** _____

(revised Jan. 2008)