

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

VILMAR MIRANDA CAMPOS
5 GLEN ROAD #210
STONEHAM MA 02180

LIC #: 2011-044
B.O.A.# 183352

\*\*\* 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: X

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, 2011. 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: ORIGINAL AUTO BODY AND MECHANIC, INC. TEL: 617-776-5566
Company Address: 00012 -00016 JOY ST Disconnected

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: \_\_\_ Co: \_\_\_ Corp: X Trust: \_\_\_ Agency \_\_\_ Ship \_\_\_ Other \_\_\_ Gov't Partner

Owner Name: VILMAR MIRANDA CAMPOS TEL: 857-312-2153

Owner Address: 5 GLEN ROAD #210 559 Main St. 1st Floor

Owner City: STONEHAM State: MA Zip: 02180

FID#: 450555602

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 04/30/2011, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*

MONDAY-FRIDAY: 08:00 AM-06:00 PM

SATURDAY: 08:00 AM-02:00 PM

SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2011-044

FEE: \$500.00

This is to certify: VILMAR MIRANDA CAMPOS has been licensed by the Mayor and the Aldermen of the City of Somerville. Since 10/29/1958

Garage situated at: 00012 -00016 JOY ST

Doing business as : ORIGINAL AUTO BODY AND MECHANIC, INC.

Shall not exceed: 8 Vehicles Inside & 2 Vehicles Outside, not on public ways in addition the following restrictions apply:

APPROVED AS AMENDED: 8 VEHICLES INSIDE, 2 VEHICLE OUTSIDE

BOA #183352, DATED 05/10/2007

2011 MAY -9 P 12:03
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Check One: Owner \_\_\_ Occupant \_\_\_ Holder \_\_\_

Vilmar Miranda Campos
Signature of Applicant

559 MAIN ST #1
Address

STONEHAM MA 02180
City State Zip

\*\* Office Use Only \*\*

Mailed \_\_\_
Taken [check]

Received: \_\_\_\_\_

City Clerk

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.

ORIGINAL AUTO BODY

\* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

450555602

\*\* 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**

- Exact name of taxpayer/applicant's business: ORIGINAL AUTO BODY
- Address of taxpayer/applicant's business in Somerville: 12-16 JOY ST
- Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
- Taxpayer/applicant's phone: day: (857) 312-2153 evening: \_\_\_\_\_

I, \_\_\_\_\_, 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 \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_. [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>20677155</u>                    | # <u>145020011</u>                   | # <u>no acc.</u>                           | # _____                               |

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:





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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly.

name: VILMAN MIRANDA Campos  
 address: 559 MAIN ST #1  
 city: STONEHAM state: MASS zip: 02180 phone: (857) 312-2153

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 2 employees (full & part time).  Other  
 I am an employer providing workers' compensation for my employees working on this job.

company name: ORIGINAL AUTO BODYS  
 address: 12-16 JOY ST  
 city: SOSENEVILLE MA 02183 phone #: (857) 312-2153  
 insurance co.: TRAVELLERS policy #: (THUB-5691X37-8-11)

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: Vilman Miranda Campos Date: 4/22/11  
 Print name: VILMAN MIRANDA Campos Phone: (857) 312-2153

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)