



**CITY OF SOMERVILLE**  
Commonwealth of Massachusetts

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

2016 APR - 7 A 9:32

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**Application to Renew Garage License**

**Real Auto Shop Inc.**  
463 McGrath Highway  
Somerville MA 02145

**License #:** BL15-001178  
**File #:** 15-013623  
**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)
<b>Business/DBA Name:</b> Real Auto Shop, Inc. <b>Business Location:</b> 463 MCGRATH HWY <b>Business Phone:</b> 617-764-3802	
<b>License Holder:</b> Real Auto Shop Inc. 463 McGrath Highway Somerville MA 02145	
<b>Mailing Address:</b> Real Auto Shop Inc. 463 McGrath Highway Somerville MA 02145	
<b>Business Type:</b> Corporation Joao Pinto Joao Pinto Joao Pinto	
<b>FID:</b> 208523038	
<b>Emergency Contact:</b> Joao Pinto <b>Phone:</b> 617-935-9900	
<b>Proposed Hours of Operation if outside standard hours:</b> Mon-Fri 9AM-7PM, Sat 10AM-3PM, Sun Closed. <b># of Vehicles Kept Inside:</b> 4 <b># of Vehicles Kept Outside:</b> 0 <b>Open to the public?</b> Yes <b>Mechanical repairs?</b> Yes <b>Autobody work?</b> No <b>Spray Painting?</b> No <b>Washing vehicles?</b> Yes <b>Charging money to store vehicles?</b> No <b>Storing unregistered vehicles?</b> Yes <b>Maintaining or operating a tow vehicle at this location?</b> 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: JOAO B. SILVA PINTO

Address of taxpayer/applicant's business in Somerville: 463 MCGRA TH HWY

Address of taxpayer/applicant's home in Somerville: 59 GREENWOOD ST, APT 2  
MELROSE, MA 02176

Taxpayer/applicant's phone: day: 617-935-9900 evening: SAME

I, (print name) JOAO BATISTA SILVA PINTO, 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 07 day of  
APRIL, 2016. Joao Batista Silva Pinto  
(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: \_\_\_\_\_

# 9952      # 146048001      # 000      # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** \_\_\_\_\_

**ORIGINAL STAMP:**

*Received  
1-7-10*

**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: REAL AUTO SHOP INC.

Address: 463 MCGRATH HWY

City: SOMERVILLE State: MA

Zip: 02143 Phone #: 617-764-3802

- I am an employer with \_\_\_\_\_ 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 \_\_\_\_\_

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: ACADIA INSURANCE COMPANY

Address: P. O. BOX 59143

City: MINNEAPOLIS State: MN

Zip: 55459 Phone #: 508-853-2400

Policy #: MAARP 300704

Expiration Date: 10-15-16

**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: JOAO BATISTA SILVA ARVCO Date: 04-07-16

Print Name: JOAO BATISTA SILVA ARVCO

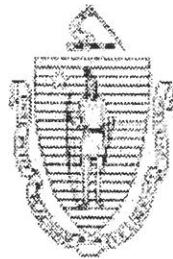
*Official use only. Do not write in this area. To be completed by city or town official.*

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

- Board of Health  
 Building Department  
 City/Town Clerk  
 Licensing Board  
 Selectmen's Office  
 Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**NOTICE  
TO  
EMPLOYEES**



**NOTICE  
TO  
EMPLOYEES**

**The Commonwealth of Massachusetts  
DEPARTMENT OF INDUSTRIAL ACCIDENTS  
1 Congress Street, Suite 100, Boston, Massachusetts 02114-2017  
617-727-4900 – <http://www.state.ma.us/dia>**

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above-mentioned chapter by insuring with:

**Acadia Insurance Company**

NAME OF INSURANCE COMPANY

**P.O. Box 59143, Minneapolis, MN 55459-0143**

ADDRESS OF INSURANCE COMPANY

**MAARP300704**

**10/15/2015**

POLICY NUMBER

EFFECTIVE DATES

**Fisher Insurance Agency Inc 1099 Pleasant St Ste 5 Worcester, MA 01606**

**5088532400**

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

**Real Auto Shop Inc, 59 Greenwood Street Apt. 2, Melrose, MA 02176**

EMPLOYER

ADDRESS

**10/21/2015**

EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY)

DATE

**MEDICAL TREATMENT**

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL

ADDRESS

**TO BE POSTED BY EMPLOYER**