



## CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

### Application to Renew Outdoor Parking License

**HERB CHAMBERS I-93 INC**  
**259 MCGRATH HWY**  
**SOMERVILLE MA 02143**

**License #:** BL15-001134  
**File #:** 15-002338  
**Fee:** 1575

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> Mercedes Benz of Boston <b>Business Location:</b> 161 Linwood ST <b>Business Phone:</b> 617-666-4100	
<b>License Holder:</b> HERB CHAMBERS I-93 INC 259 MCGRATH HWY SOMERVILLE MA 02143	
<b>Mailing Address:</b> HERB CHAMBERS I-93 INC 259 MCGRATH HWY SOMERVILLE MA 02143	
<b>Business Type:</b> Corporation Herb Chambers Herb Chambers James Duchesneau	
<b>FID:</b> 061335996	
<b>Emergency Contact:</b> Jeff Davis <b>Phone:</b> 617-549-3813	
<b># Vehicles to be Stored:</b> 63	

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.

-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: Debra Willy Date: 2-25-16

Printed Name: Debra Willy Phone: 617 666 7100



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Herb Chambers I 93 Inc

Address of taxpayer/applicant's business in Somerville: 259 W. Corcoran Hwy

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617 666 4180 evening: \_\_\_\_\_

I, (print name) Debra Willey, 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 25<sup>th</sup> day of February, 20 16.  
(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: \_\_\_\_\_

# 9988 # 145052001 # 788 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP: Received  
Banner  
3-3-16

**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:**

Name: Herb Chambers I 93 Inc  
Address: 259 Mc Carthy Highway  
City: Somerville State: MA Zip: 02143 Phone #: 617 666 4180  
☒ I am an employer with 110 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: Travelers Insurance  
Address: 350 Granite St  
City: Braintree State: MA Zip: 02184 Phone #: 508-369-5182  
Policy #: C2K4.B101.D254 Expiration Date: 10/1/16

**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: Debra Wiley Date: 2-25-16

Print Name: Debra Wiley

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

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
☐ Board of Health  
☐ Building Department  
☐ City/Town Clerk  
☐ Licensing Board  
☐ Selectmen's Office  
☐ Other \_\_\_\_\_