

CK 4220
550.00



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW GARAGE LICENSE

GENENE TEREFE
93 BOWERS AVE #2
MALDEN, MA 02148

License #: **648**
City # **G248**
Fee: **550.00**
Account ID: **534**
Reference #: **648**

#6968

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: For GENE AUTOMOTIVE REPAIR Business Location: 56 JOY ST Business Phone: 617-591-8300	
License Holder: GENENE TEREFE 93 BOWERS AVE #2 MALDEN, MA 02148 617-591-8300	
Mailing Address: GENENE TEREFE MALDEN, MA 02148	
Business Type: SOLE PROPRIETORSHIP OWNER - GENENE TEREFE	
FID: 020578834	
Food Manager/Emergency Contact: GENENE TEREFE 617-864-3490	

CITY CLERK'S OFFICE
SOMERVILLE, MA
2013 APR -5 A 9:36

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 8AM-6PM, SA 8AM-4PM**

OPEN TO THE PUBLIC

- 1 MECHANICAL REPAIRS
- 1 STORING VEHICLES
- 13 VEHICLES
- 10 VEHICLES INSIDE
- 3 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

Originally Issued 1/31/2007. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

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: *Gene Terefe* Date: 3/20/13
Print Name: GENENE TEREFE Phone: 617-591-8300

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: GENE AUTOMOTIVE REPAIR
Address: 56 Joy st
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-591-8300

- I am an employer with 1 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: ZURICH
Address: PO Box 1450
City: MIDDLEBORO State: MA Zip: 02344 Phone #:
Policy #: 6ZZUB-9732L 02-9-12 Expiration Date: 11/30/13

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: _____ Date: _____

Print Name: _____

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: GENE AUTOMOTIVE

Address of taxpayer/applicant's business in Somerville: 56 Joy St SOMERVILLE MA 02143

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-591-8300 evening: 617-721-7969

I, (print name) GENENE TEREFE, 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 20th day of MARCH, 2013.
[Signature]
(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: _____

8306 # 14502500 / # 726 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:  **RECEIVED**
A4-5-13