

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

GEORGE MIHOS
111 BONHAM ROAD
DEDHAM

MA 02026

LIC #: 2012-185
B.O.A.# 163333

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair:___ Auto Body Work: X Parking or Storing Vehicles:___

Washing Vehicles:___ Spray Painting: X Operating a Tow Vehicle:___

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 \$550.00 not
later than April 30, 2012. 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: GEMICAR, INC D/B/A TECH AUTO BODY REPAIR, INC TEL: 617-628-0232

Company Address: 00009 UNION SQ

City: SOMERVILLE State: MA Zip: 02143

Check One:

Individual:___ Co:___ Corp: X Trust:___ Agency___ Ship___ Other___

Owner Name: GEORGE MIHOS

TEL: 781-329-8873

Owner Address: 111 BONHAM ROAD

Owner City: DEDHAM State: MA Zip: 02026

FID#: 043356068

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 04/30/2012, 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 #: 2012-185

FEE: \$550.00

This is to certify: GEORGE MIHOS

has been licensed by the Mayor and the Aldermen of the City of Somerville.

Since 03/10/1994

Garage situated at: 00009 UNION SQ

Doing business as : GEMICAR, INC D/B/A TECH AUTO BODY REPAIR, INC.

Shall not exceed: 3 Vehicles Inside & 5 Vehicles Outside, not on public ways
in addition the following restrictions apply:

CLASS II LICENSE HAS 2.

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

Check One: Owner X Occupant___ Holder___

Signature of Applicant

111 BONHAM ROAD

Address

DEDHAM MA 02026

City State Zip

** Office Use Only **

Mailed

Taken

Received:

City Clerk

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: TECH AUTO BODY
Somerville Address and Zip Code: 9 UNION SQ. SOMERVILLE, MA 02143
Phone Number of the Business: (617) 628-0232

The Legal Name of the License Holder: GEMICAR, INC
Street Address of the License Holder: 9 UNION SQ SOME
City, State and Zip Code of the License Holder: SOMERVILLE, MA 02143
Phone Number of the License Holder: (617) 628-0232
Email Address of the License Holder: techautobody@gmail.com

Where We Should Send Mail: Name: GEMICAR, INC D/B/A TECH AUTO BODY
Street Address: 9 UNION SQUARE
City, State and Zip Code: SOMERVILLE MA 02143
Email: techautobody@gmail.com
Phone Number: (617) 628-0232

Federal ID # (Do Not Give a Social Security #): 04-335-6068

Emergency Contact and Phone (For Fire Dept. Use): GEORGE MIHOS-(617)650-1819

Type of Business (Check Only One and Give the Names Indicated):

☐ Sole Proprietor: Name of Owner: _____
☐ Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
☐ Trust: Names of All Trustees Who Own More Than 10%: _____
☒ Corporation (inc. LLC): Name of President: GEORGE MIHOS
Name of Secretary: GEORGE MIHOS
Name of Treasurer: GEORGE MIHOS
Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
- I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: George Mihos

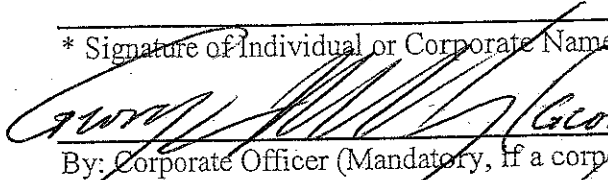
Date 3/29/2012

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.

* Signature of Individual or Corporate Name (Mandatory)

 (George Mihos-President) GEMICAR, INC

By: Corporate Officer (Mandatory, if a corporation)

04-335-6068

** 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: GEMICAR, INC D/B/A TECH AUTO BODY

Address of taxpayer/applicant's business in Somerville: 9 Union Square

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

Taxpayer/applicant's phone: day: (617) 628-0232 evening: (617) 650-1819

GEMICAR, INC D/B/A TECH AUTO BODY
I, (print name) _____, 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 29th day of
March, 2012 George Mihos
(Taxpayer's signature) President

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: _____
04193103
17310 # 123079001 # _____ # _____

NOTES:

CLERK'S INITIALS: M.M. ORIGINAL STAMP: _____





The Commonwealth of Massachusetts

Department of Industrial Accidents

Office of Investigations

600 Washington Street, 7th Floor

Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: GEMICAR, INC D/B/A TECH AUTO BODY
address: 9 Union Sq
city: Somerville state: MA zip: 02143 phone #: (617) 628-0232

work site location (full address): 9 Union Sq Somerville, MA 02143

☐ 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 3 employees (full & part time). ☐ Other

☒ I am an employer providing workers' compensation for my employees working on this job.

company name: GEMICAR, INC D/B/A TECH AUTO BODY
address: 9 Union Sq
city: Somerville MA 02143 phone #: (617) 628-0232
insurance co. TRAVELERS' INSURANCE Co policy # 6KUB-9581616-7-11

☐ 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: [Signature] Date: 3/29/2012
Print name: GEMICAR, INC (George Mihos/President) phone #: (617) 628-0232

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ ☐ Building Department

☐ check if immediate response is required

contact person: _____ phone #: _____ ☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other _____

(revised Sept. 2003)