



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

APPLICATION TO RENEW GARAGE LICENSE

MAC'S AUTO BODY CORP.
53 RUSSELL ST
SOMERVILLE, MA 02144

License #: 748
City #G83
Fee: 550.00
Account ID: 631
Reference #: 748

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: MAC'S AUTO BODY CORP. Business Location: 53 RUSSELL ST Business Phone: 617-776-1166	
License Holder: MAC'S AUTO BODY CORP. 53 RUSSELL ST SOMERVILLE, MA 02144 617-776-1166	
Mailing Address: MAC'S AUTO BODY CORP. 53 RUSSELL ST SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) SECRETARY - DAVID MEDEIROS TREASURER - DAVID MEDEIROS PRESIDENT - SALVATORE AGLIATA	
FID: 454590544	
Food Manager/Emergency Contact: DAVID MEDEIROS 781-391-4591	

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-2PM**

OPEN TO THE PUBLIC

- | | |
|----------------------|--------------------|
| 1 AUTO BODY WORK | 1 STORING VEHICLES |
| 1 MECHANICAL REPAIRS | 10 VEHICLES INSIDE |
| 1 SPRAY PAINTING | 8 VEHICLES OUTSIDE |

Description of Location and/or Other Conditions:

Originally Issued 8/28/1975. No Washing Vehicles. No Operating Tow Vehicles.

CITY CLERK'S OFFICE
 SOMERVILLE, MA
 MAR 25 P 1:30

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: David Medeiros Date: 3-25-14
 Print Name: David Medeiros Phone: 0617-319-0766



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Mac's Auto Body Corp

Address of taxpayer/applicant's business in Somerville: 53 Russell St Somerville 02144

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

Taxpayer/applicant's phone: day: 617-776-1166 evening: 617-319-0766

I, (print name) David Medeiros, 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____. _____
(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: _____

13362 # 321046011 # 766 # _____

NOTES:

CLERK'S INITIALS:  ORIGINAL STAMP: 

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: Mac's Auto Body
 Address: 53 Russell St
 City: Somerville State: MA Zip: 02144 Phone #: 617-776-1166

- I am an employer with 8 employees (full and/or part time). **Business Type:** Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other Body Shop

Workers' compensation insurance information (if applicable):

Insurance Company Name: Traveler Insurance Co
 Address: PO Box 1450
 City: Middleboro State: MA Zip: 02344-1450 Phone #: 800-842-4271
 Policy #: 1EUB-4B89986513 Expiration Date: 5-08-14

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: David Medeiros Date: 3-3-14

Print Name: David Medeiros

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 #: _____