

CITY OF SOMERVILLE  
MASSACHUSETTS  
OFFICE OF THE CITY CLERK  
RENEWAL APPLICATION FOR GARAGE LICENSE

CHRISTOS PAVLIDIS  
1381 CENTRE STREET  
WEST ROXBURY MA 02132

LIC #: 2010-259  
B.O.A.# 188558

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work:     Parking or Storing Vehicles: X  
Washing Vehicles:     Spray Painting:     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 \$500.00 not  
later than April 30, 2010. 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: CHRIS'S AUTO SERVICE TEL: 617-623-5200  
Company Address: 00371 HIGHLAND AV

City: SOMERVILLE State: MA Zip: 02144

Check One: Individual:     Co: X Corp:     Trust:     Agency     Ship     Other      
Gov't Partner

Owner Name: CHRISTOS PAVLIDIS TEL: 617-327-0417

Owner Address: 1381 CENTRE STREET 697- Cell

Owner City: WEST ROXBURY State: MA Zip: 02132  
FID#: 270210382

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 04/30/2010, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*  
MONDAY-FRIDAY: 08:00 AM-05:00 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 #: 2010-259  
FEE: \$500.00

This is to certify: CHRISTOS PAVLIDIS  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 01/14/2010

Garage situated at: 00371 HIGHLAND AV  
Doing business as : CHRIS'S AUTO SERVICE

Shall not exceed: 3 Vehicles Inside & 10 Vehicles Outside, not on public ways  
in addition the following restrictions apply:

2010 OCT - 8 A 9:56  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

This renewal certificate must be signed by the holder of the license.  
Check One: Owner X Occupant     Holder    

Christos Pavlidis  
Signature of Applicant  
1381 Centre St  
Address

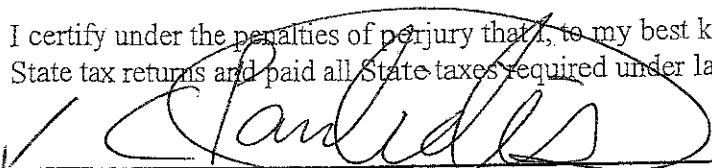
West Roxbury MA 02132  
City State Zip

\*\* Office Use Only \*\*  
Mailed      
Taken      
Received: CK 1241  
\$500.00  
City Clerk

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)

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

\_\_\_\_\_  
\*\* 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**

1. Exact name of taxpayer/applicant's business: Yanni Auto LLC  
Chris's Auto Service
2. Address of taxpayer/applicant's business in Somerville: 371 Highland Ave.
3. Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
4. Taxpayer/applicant's phone: day: 617-623-5200 evening: \_\_\_\_\_

I, \_\_\_\_\_, 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 8<sup>th</sup> day of October, 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 32011169       Other: \_\_\_\_\_

# 19633124      # 316026021      # 50000004      # \_\_\_\_\_

NOTES:

wrong name its under Fred Hubbard Gull

CLERK'S INITIALS: u

ORIGINAL STAMP:

**received**  
10-8-10



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street, 7<sup>th</sup> Floor  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: Chris Paulidis  
 address: 1381 Centre St  
 city: West Roxbury state: Ma zip: 02132 phone # 617 327 0417

work site location (full address): \_\_\_\_\_

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 \_\_\_\_\_ employees (full & part time).  Other  
 I am an employer providing workers' compensation for my employees working on this job.

company name: Chris's Auto Service  
 address: 371 Highland Ave  
 city: Somerville phone #: 617 623 5200  
 insurance co: \_\_\_\_\_ policy # \_\_\_\_\_

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: 10/8/10  
 Print name: Chris Paulidis Phone #: 617 697 0417

official use only do not write in this area to be completed by city or town official  
 city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_  
 check if immediate response is required  
 contact person: \_\_\_\_\_ phone #: \_\_\_\_\_  
 Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other \_\_\_\_\_  
 (revised Sept. 2003)