



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

2014 APR 22 A 10:48

CITY CLERK'S OFFICE
SOMERVILLE, MA

APPLICATION TO RENEW GARAGE LICENSE

CHRIS'S AUTO SERVICE
371 HIGHLAND AVE
SOMERVILLE, MA 02144

License #: 638
City #G259
Fee: 550.00
Account ID: 523
Reference #: 638

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: CHRIS'S AUTO SERVICE Business Location: 371 HIGHLAND AVE Business Phone: 617-623-5200	
License Holder: CHRIS'S AUTO SERVICE 371 HIGHLAND AVE SOMERVILLE, MA 02144 617-623-5200	
Mailing Address: CHRIS'S AUTO SERVICE 371 HIGHLAND AVE SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC)	
FID: 270210382	
Food Manager/Emergency Contact:	

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

Description of Location and/or Other Conditions:

Originally Issued 12/22/2009. 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: Date 4-21-14
Print Name: Yuri Babayan / Artranik Serekishian Phone 617 623 5200



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: CHRIS'S AUTO SERVICE

Address of taxpayer/applicant's business in Somerville: 371 HIGHLAND AVE

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

Taxpayer/applicant's phone: day: 617 623 5200 evening: _____

I, (print name) Yuri Babayan & Anahnik Sarkissian, 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 21 day of April, 2014. [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: _____

7328 # 316026021 # 593 # _____

NOTES:

CLERK'S INITIALS: JK

ORIGINAL STAMP: received
4-22-14

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: CHRIS'S AUTO
Address: 371 HIGHLAND AVE
City: Somerville State: MA Zip: 02147 Phone #: 617 623 5200

- I am an employer with _____ 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 CAR REPAIR

Workers' compensation insurance information (if applicable):

Insurance Company Name: TRAVELERS
Address: One TOWER SQUARE
City: MARTFORD State: CT Zip: 06183 Phone #: 888 616 8715
Policy #: IEUB-4C21901-2-13 Expiration Date: 10-1-14

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: [Signature] Date: 4-21-14
Print Name: YURI BABAYAN / ANTRANIK SARKISSIAN

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 _____



ONE TOWER SQUARE
HARTFORD, CT 06183

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

CHANGE DOCUMENT WC 99 99 98 (00)

POLICY NUMBER: (IEUB-4C21901-2-13)

CHANGE EFFECTIVE DATE: 10-01-13

NCCI CO CODE: 12637

INSURER: THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

INSURED'S NAME: CHRIS AUTO SERVICE, LLC

This change is issued by that member of The Travelers Insurance Companies which issued the policy and forms a part of the policy. It is agreed that the policy is amended as follows:

An absence of an entry in the premium spaces below means that the premium adjustment, if any, will be made at time of audit.

ADDITIONAL PREMIUM	\$ 178	RETURN PREMIUM	\$ NIL
ADDITIONAL NON-PREMIUM	\$ 7	RETURN NON-PREMIUM	\$ NIL

The following premium basis is amended to read:

STATE OF MA
LOCATION 001 01

CLASSIFICATION	CODE	PREM. BASIS	RATE	ESTIMATED ANNUAL PREMIUM
AUTOMOBILE SERVICE OR REPAIR CENTER & D	8380	25350	2.45	621

The state loss constant is amended as follows:

STATE LOSS CONSTANT
MA 00

Add for Employers Liability Minimum is amended to read: 44

The Terrorism charge has been amended as follows:

STATE ESTIMATED PREMIUM
MA 8



DATE OF ISSUE: 01-10-14 RD CHANGE NO: 001 PAGE 001 OF MORE
 POL. EFF. DATE: 10-01-13 POL. EXP. DATE: 10-01-14
 OFFICE: HUDSON/BOSTON 126
 PRODUCER: TELAMON INS & FIN NETW G3877