

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

MICHAEL L. PEDERSON
14 HICKORY HILL ROAD
WAKEFIELD MA 01880

LIC #: 2011-228
B.O.A.# 177023

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

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

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, 2011. 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: MIKE'S AUTOMOTIVE SERVICES, INC. TEL: 617-623-1009
Company Address: 00298 SOMERVILLE AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: Co: Corp: X Trust: Agency Ship Gov't Partner Other
Owner Name: MICHAEL L. PEDERSON TEL: 781-246-3753
Owner Address: 14 HICKORY HILL ROAD

Owner City: WAKEFIELD State: MA Zip: 01880
FID#: 043256775

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 04/30/2011, 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 #: 2011-228
FEE: \$500.00

This is to certify: MICHAEL L. PEDERSON
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 09/14/2004

Garage situated at: 00298 SOMERVILLE AV
Doing business as : MIKE'S AUTOMOTIVE SERVICES, INC.

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

HOURS OF OPERATION: MONDAY-FRIDAY 8:00AM-6:00PM, SAT. 8:00AM-3:00PM,
SUNDAY NO BUSINESS. SPRAY PAINT, AUTO BODY NOT ALLOWED. NO WASHING OF
VEHICLES OUTSIDE THE LICENSED PREMISES. NO TOWING AT NIGHT FORMERLY OF
297 MEDFORD ST., SINCE 1990
AMENDED BOA #183622, 06/14/2007 NUMBER OF VEHICLES INSIDE AND OUTSIDE.

CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 APR 23 3:45

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

Check One: Owner [checked] Occupant Holder

Signature of Applicant [Handwritten Signature]

14 Hickory Hill Rd
Address

WAKEFIELD MA 01880
City State Zip

** Office Use Only **
Mailed
Taken [checked]
Received: \$500.00 ck # 3460
7/11/11 - ms
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.

Michael J. Reber Sr.

* Signature of Individual or Corporate Name (Mandatory)

Michael J. Reber Sr.

By: Corporate Officer (Mandatory, if a corporation)

043 256 775

** 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: Miles Automotive

Address of taxpayer/applicant's business in Somerville: 1 Union Square

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

Taxpayer/applicant's phone: day: _____ evening: _____

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 _____ 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: _____

12384064 # 123077001 # 30056450 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

RECEIVED
Baron
7-11-11



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: MIKE'S AUTO SERVICE INC
 address: 1 UNION SQ
 city: SOMERVILLE state: MA zip: 02143 phone #: 617 623-1009

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

company name:
 address:
 city: phone #:
 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: MIKE'S AUTO SERVICE INC.
 address: 1 UNION SQ
 city: SOMERVILLE, MA 02143 phone #: 617 623-1009
 insurance co. EMPLOYERS INS GROUP policy # WC0002410

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 year's 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: Michael P. [Signature] Date: 7-11-11
 Print name: Michael P. [Signature] Phone #: 617 623-1009

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 #: _____

(revised Sept. 2003)

Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/11/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Employers Insurance Group, Inc. 281 Main Street, Suite 7 Fitchburg, MA 01420	CONTACT NAME: Kathy Morgan PHONE (A/C, No., Ext): (978)696-0007 FAX (A/C, No.): (978)709-3031 E-MAIL ADDRESS: Kmorgan@employers-insurance-group.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Savers Property & Casually Co.</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Savers Property & Casually Co.		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER C :														
INSURER D :														
INSURER E :														
INSURER F :														
INSURED Resource Management, Inc. Alt Employer: Mike's Auto Service, Inc. 281 Main Street, Suite 5 Fitchburg, MA 01420														

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL. SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC0002410	7/1/2011	7/1/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks: Schedule, if more space is required)
Covers the employees of the named insured leased to:
Mikes Automotive Services, Inc.
1 Union Square
Somerville, MA 02143

CERTIFICATE HOLDER For Record Purposes Only	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 