

## CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

## APPLICATION TO RENEW GARAGE LICENSE

License #:

592

BROADWAY HENRY LLC 38 -44 BROADWAY SOMERVILLE, MA 02145

Fee:

City #G16 550.00

Account ID:

480

Reference #:

592

Review and update the information below. <u>If you have workers compensation insurance</u>, 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: BROADWAY HENRY LLC Business Location: \$\sigma_2 \frac{1}{2}0 BROADWAY Business Phone: 617-666-4805	
License Holder: BROADWAY HENRY LLC 38 -44 BROADWAY SOMERVILLE, MA 02145 617-666-4805	CITY OF SOME
Mailing Address: BROADWAY HENRY LLC 38—14 BROADWAY 14 SOMERVILLE, MA 02145	SIL A ERK'S OF
Business Type: CORPORATION (INC. LLC)	FICE
FID: 043513528	
Food Manager/Emergency Contact:  Martin, Li Henry	617-616 4805

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

6 VEHICLES OUTSIDE

10 VEHICLES

4 VEHICLES INSIDE

Description of Location and/or Other Conditions:

Originally Issued 11/29/1921. 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	9:
-All information shown above is true and accurate.	
-Any changes above are subject to the approval of the BOARD OF A	LDERMEN.
-I have filed all State tax returns and paid all State taxes required by I	aw for this business.
March There	0/11/12
Signature: Martin le HAM	Date 8/ /4/ /3
	117 111 1000
Print Name: MACHINI N. HENRY	Phone 6/1666 4803
Print Name: MARTIN A. HENRY	Phone 617 666 4805

# 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: BROADWAY HENRY LLC	
Address: 44 Broad WAY	
City: SoMCRYILLC State: MA	Zip: 02145 Phone #: 617 666 4805
☐ I am an employer with employees	Type: Retail Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Entertainment Manufacturing Health Care Other
Workers' compensation insurance information (if applicable	<del>2</del> ):
Insurance Company Name:	
Address:	
City: State:	Zip: Phone #:
Policy #:	Formingtion Date:
Applicant certification:	
Failure to secure coverage as required under Section 25A of MGI to \$1,500.00 and/or one years' imprisonment as well as civil possible \$100.00 a day against me. I understand that a copy of this statement for coverage verification.	enalties in the form of a STOP WORK ORDER and a fine of
I do hereby certify under the pains and penalties of perjury that	the information provided above is true and correct.
Signature: Martin le Henry	Date:
Print Name: MARTIN A. HENRY	
Official use only. Do not write in this area.	
City or Town: Permit/License #:	☐ Board of Health ☐ Building Department ☐ City/Town Clerk ☐ Licensing Board ☐ Selectmen's Office
Contact Person: Phone #:	



# City of Somerville, Massachusetts Finance Department, Treasury Division

# CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: BROADWAY HENRY 11C		
Address of taxpayer/applicant's business in Somerville: 38-44 BRORdWAY		
Address of taxpayer/applicant's home in Somerville: 14 BROAdws		
Taxpayer/applicant's phone: day: 617666 4865 evening: 617 335-1200		
I, (print name) MAPTIN A. HENRY, 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		
AUGUST , 2013. Man a Thomas (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:		
# 1955 # 1493HDD) <sub>#</sub> #		
NOTES:  CLERK'S INITIALS:  ORIGINAL STAMP:  ORIGINAL STAMP:		