



CITY OF SOMERVILLE
 Commonwealth of Massachusetts
 93 Highland Avenue
 Somerville, MA 02143
 (617) 625-6600

2016 APR 19 A 9:43

Application to Renew Garage License

CITY CLERK'S OFFICE
 SOMERVILLE, MA

MARIO ROCHA
299 CENTER ST
GROVELAND MA 01834

License #: BL15-000965
File #: 15-765
Fee: 605

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: J & C AUTO REPAIR Business Location: 91 PROSPECT ST Business Phone: 617-776-4199	
License Holder: MARIO ROCHA 299 CENTER ST GROVELAND MA 01834	
Mailing Address: MARIO ROCHA 299 CENTER ST GROVELAND MA 01834	
Business Type: Sole Proprietor JOSEPH ROCHA MARIO ROCHA	
FID: 999999999	455604690
Emergency Contact: JOE ROCHA Phone: 781-760-3438	
Proposed Hours of Operation if outside standard hours: MO-FR 8AM-6PM, SA 8AM-1PM # of Vehicles Kept Inside: 2 # of Vehicles Kept Outside: 8 Open to the public? Yes Mechanical repairs? Yes Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? No Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	

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.



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: JC Auto Repair

Address of taxpayer/applicant's business in Somerville: 91 PROSPECT ST

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

Taxpayer/applicant's phone: day: 617-776-4199 evening: 781-760-3438

I, (print name) Joe Roche, 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 18 day of April, 2016. [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: _____

12924 # 125079001 # 956 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP: received
Usanas
4-19-16

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: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

- 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: THE TRAVELERS

Address: PO BOX 1450 #

City: MIDDLEBORO State: MA Zip: 02344 Phone #: _____

Policy #: LEUB-1C 41892-3-15 Expiration Date: 7-24-16

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: 4-18-16

Print Name: Joseph Roche

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 #: _____