

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

CHRISTOS PAVLIDIS
1381 CENTRE STREET
WEST ROXBURY MA 02132

LIC #: 2011-259
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 \$550.00 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: 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 Gov't Partner
Other
Owner Name: CHRISTOS PAVLIDIS TEL: 617-697-0417
Owner Address: 1381 CENTRE STREET

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 04/30/2011, 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 #: 2011-259
FEE: \$550.00

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:

2012 JAN 17 A 10:37
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Signature of Applicant

371 Highland Ave
Address
Somerville MA 02132
City State Zip

** Office Use Only **

Mailed
Taken

Received: 1-17-12 \$ 550 -
CR 2054
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)

270 210 382

** 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: Chris's Auto Service
- 2. Address of taxpayer/applicant's business in Somerville: 371 Highland Ave Somerville
- 3. Address of taxpayer/applicant's home in Somerville: _____
- 4. Taxpayer/applicant's phone: day: 617 623 5200 evening: _____

I, Christos Pavlidis, 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 Friday day of January, 2012.
CPavlidis
(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: _____

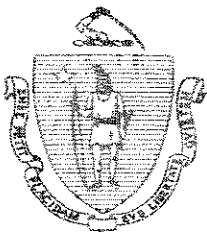
1207 # 316026021 # 638 # _____

NOTES:

CLERK'S INITIALS: Q

ORIGINAL STAMP:





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

company name: Chriss Auto Service
 address: 371 Highland Ave
 city: Somerville phone #: 617 623 5200
 insurance co. Travelers insurance policy # UB-2B645520

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: 1/13/12
 Print name: Christos Pavlidis Phone #: 617 623 5200

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____

check if immediate response is required

contact person: _____ phone #: _____
 (revised Sept. 2003)