

Call when ready

CITY OF SOMERVILLE  
MASSACHUSETTS  
OFFICE OF THE CITY CLERK  
RENEWAL APPLICATION FOR GARAGE LICENSE

J & E AUTO BODY, INC.  
3 HAWKINS STREET  
SOMERVILLE MA 02143

LIC #: 2010-221  
B.O.A.# 168122

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

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

Washing Vehicles: \_\_\_ Spray Painting: X 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, 2010. 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: J&E AUTO BODY, INC. TEL: 617-623-6790  
Company Address: 00009 HAWKINS ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: \_\_\_ Co: \_\_\_ Corp: X Trust: \_\_\_ Agency \_\_\_ Ship \_\_\_ Other \_\_\_  
Gov't Partner  
Owner Name: J & E AUTO BODY, INC. TEL: 617-623-6790  
Owner Address: 3 HAWKINS STREET

Owner City: SOMERVILLE State: MA Zip: 02143  
FID#: 043397754

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 04/30/2010, 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 #: 2010-221  
FEE: \$500.00

This is to certify: J & E AUTO BODY, INC.  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 12/14/2000  
Garage situated at: 00009 HAWKINS ST  
Doing business as : J&E AUTO BODY, INC.  
Shall not exceed: 2 Vehicles Inside & 4 Vehicles Outside, not on public ways  
in addition the following restrictions apply:  
3-9 HAWKINS STREET FRONT

2010 APR 21 P 1:17  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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

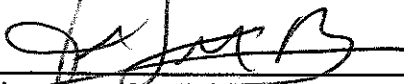
\_\_\_\_\_  
Signature of Applicant  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip

\*\* Office Use Only \*\*  
Mailed \_\_\_\_\_  
Taken \_\_\_\_\_  
Received: 4-21-10  
CK 3804 \$500  
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)

043397754

\*\* 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.

**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**600 Washington Street**  
**Boston, Mass. 02111**

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:**

Name: J.F. AUTO BODY INC  
 Address: 9 HAWKINS ST  
 City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-6236790

- I am an employer with 1 employees (full and/or part time). **Business Type:**
- 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.
- 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: CHARTIS INS  
 Address: 175 WARE ST  
 City: NEW YORK State: NY Zip: 10038 Phone #: 1800 645 2259  
 Policy #: WC 002-50-2670 Expiration Date: 4-14-2011

**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: 4-21-10  
 Print Name: EDDIE L. GIRON

*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 \_\_\_\_\_

(revised Jan. 2008)



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: Eddie Giran
- Address of taxpayer/applicant's business in Somerville: 9 HAWKINS ST Somerville
- Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
- Taxpayer/applicant's phone: day: 617-6236790 evening: 617-6997593

I, Eddie L-Giran, 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 APRIL 21 day of \_\_\_\_\_, 20010. [Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

- |   |   |   |  |
|---|---|---|--|
| <input checked="" type="checkbox"/> Real Estate<br><u>16546115</u><br><u><del>0831067</del></u> | <input checked="" type="checkbox"/> Water/Sewer<br><u>233023011</u><br><u># 233020111</u> | <input type="checkbox"/> Personal Property<br># _____ | <input type="checkbox"/> Other: _____<br># _____ |
|---|---|---|--|

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

**received**  
Ubaraw  
4-21-10