

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

MARTIN A. HENRY
14 BROADWAY
SOMERVILLE

MA 02145

LIC #: 2012-016
B.O.A.#

*** 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 \$550.00 not
later than April 30, 2012. 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: BROADWAY HENRY LLC TEL: 617-666-4805
Company Address: 00020 BROADWAY

City: SOMERVILLE State: MA Zip: 02145

Check One: Individual: Co: Corp: Trust: Agency Ship Other Gov't Partner

Owner Name: MARTIN A. HENRY TEL: 617-666-4805

Owner Address: 14 BROADWAY

Owner City: SOMERVILLE State: MA Zip: 02145

FID#: 043513528

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 04/30/2012, 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 #: 2012-016
FEE: \$550.00

This is to certify: MARTIN A. HENRY
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 11/29/1921

Garage situated at: 00020 BROADWAY

Doing business as : BROADWAY HENRY LLC

Shall not exceed: 4 Vehicles Inside & 6 Vehicles Outside, not on public ways
in addition the following restrictions apply:

NO SPRAY PAINTING

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

Martin A. Henry
Signature of Applicant

14 BROADWAY
Address

SOMERVILLE MA 02145
City State Zip

** Office Use Only **
Mailed
Taken

Received:

City Clerk

2012 JUL -5 P 2:16
CITY CLERK'S OFFICE
SOMERVILLE, MA

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: BROADWAY HENRY LLC
Somerville Address and Zip Code: 28 BROADWAY
Phone Number of the Business: 617 666 4805

The Legal Name of the License Holder: MARTIN A. HENRY
Street Address of the License Holder: 12 BROADWAY
City, State and Zip Code of the License Holder: SOMERVILLE MA 02145
Phone Number of the License Holder: 617 666 4805
Email Address of the License Holder: N/A

Where We Should Send Mail: Name: MARTIN A. HENRY
Street Address: 14 BROADWAY
City, State and Zip Code: SOMERVILLE, MA 02145
Email: N/A
Phone Number: 617 666 4805

Federal ID # (Do Not Give a Social Security #): 04-3513528

Emergency Contact and Phone (For Fire Dept. Use): 617 335-1200

Type of Business (Check Only One and Give the Names Indicated):

☒ Sole Proprietor: Name of Owner: MARTIN A. HENRY

☐ Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:

☐ Trust: Names of All Trustees Who Own More Than 10%:

☐ Corporation (inc. LLC): Name of President: MARTIN A. HENRY

Name of Secretary: GRETCHEN HENRY

Name of Treasurer: MARTIN A. HENRY

☐ Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: _____

Date _____

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.

BROADWAY HENRY LLC
* Signature of Individual or Corporate Name (Mandatory)

Martin R. Henry
By: Corporate Officer (Mandatory, if a corporation)

04-3513528
** 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: BROADWAY HENRY LLC

Address of taxpayer/applicant's business in Somerville: 14 BROADWAY

Address of taxpayer/applicant's home in Somerville: 12 BROADWAY

Taxpayer/applicant's phone: day: 617 666 4805 evening: 617 666 3830

I, (print name) MARTIN 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 28th day of

JUNE, 20 12. Martin A. Henry
(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: _____

08314130 # 14403300 # 98 # _____

NOTES: 1927

CLERK'S INITIALS: R

ORIGINAL STAMP:



RECEIVED
6-7-5-12



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: BROADWAY HENRY LLC

address: 14 BROADWAY

city: SOMERVILLE state: MA zip: 02145 phone #: 617-666-4805

work site location (full address): 38 BROADWAY SOM. MA 02145

☒ I am a sole proprietor and have no one working in any capacity. Business Type: ☐ Retail ☐ Restaurant/Bar/Eating Establishment

☐ I am an employer with _____ employees (full & part time). ☒ Office ☐ Sales (including Real Estate, Autos etc.)

☐ 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: _____

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: Martin A. Henry Date: 6/28/12

Print name: MARTIN A. HENRY Phone #: 617 666 4805

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

city or town: _____ permit/license #: _____ ☐ Building Department

☐ check if immediate response is required

contact person: _____ phone #: _____ ☐ Licensing Board

(revised Sept. 2003)

☐ Selectmen's Office
☐ Health Department
☐ Other