

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

WEIDER CABRAL DE SOUZA
20 WARREN STREET
SOMERVILLE MA 02155

LIC #: 2012-268
B.O.A.# 191184

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: X Parking or Storing Vehicles: XWashing Vehicles: Spray Painting: X Operating a Tow Vehicle: X

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: AUTO MECHANIC SOUZA, INC. TEL: 617-447-5557
Company Address: 00308 MCGRATH HWY

City: SOMERVILLE State: MA Zip: 02143Check One: Individual: Co: Corp: X Trust: Agency: Ship: Gov't Partner Other:

Owner Name: WEIDER CABRAL DE SOUZA TEL: 617-447-5557
Owner Address: 20 WARREN STREET

Owner City: SOMERVILLE State: MA Zip: 02155FID#: 451199224

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 #: 2012-268
FEE: \$550.00

This is to certify: WEIDER CABRAL DE SOUZA
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 04/28/2011

Garage situated at: 00308 MCGRATH HWYDoing business as : AUTO MECHANIC SOUZA, INC.

Shall not exceed: 12 Vehicles Inside & 3 Vehicles Outside, not on public ways
in addition the following restrictions apply:

This renewal certificate must be signed by the holder of the license.

Check One: Owner Occupant Holder X

Signature of Applicant

Address

City State Zip

** Office Use Only **

Mailed Taken ✓Received: 5/16/12 - ms\$550.00 ck # 1825

City Clerk

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: Auto Mechanic Souza Inc
Somerville Address and Zip Code: 308 McGrath Hwy, 02143
Phone Number of the Business: 617-628-5757

The Legal Name of the License Holder: Weider Cabral de Souza
Street Address of the License Holder: 20 Warren St
City, State and Zip Code of the License Holder: Medford, MA, 02155
Phone Number of the License Holder: 617 447 5557
Email Address of the License Holder: Weider brazuka@hotmail.com

Where We Should Send Mail: Name: Auto Mechanic Souza
Street Address: 308 McGrath Hwy
City, State and Zip Code: Somerville, MA, 02143
Email: _____
Phone Number: 617-628-5757

Federal ID # (Do Not Give a Social Security #): 45-1199224

Emergency Contact and Phone (For Fire Dept. Use): 617 447 5557

Type of Business (Check Only One and Give the Names Indicated):
Sole Proprietor: Name of Owner: _____
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: Weider Cabral de Souza
Name of Secretary: _____
Name of Treasurer: _____
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:

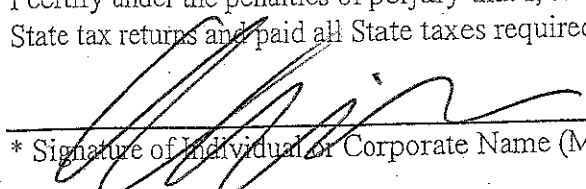
- All information shown above is true and accurate.
- Any changes above are subject to the approval of the Somerville Board of Aldermen.
- I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: [Signature] Date 04-30-12

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)

45-1199224
** 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: Auto Mechanic Souza

Address of taxpayer/applicant's business in Somerville: ~~100~~ 308 McGrath

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

Taxpayer/applicant's phone: day: 617-628-9797 evening: 617-447-5557

I, (print name) Weider C de Souza, 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 30th day of April, 2012.

(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: _____
20663019 # 118022001 # 818 # _____

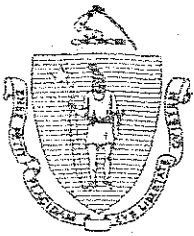
NOTES: 9615

CLERK'S INITIALS: u

ORIGINAL STAMP:



RECEIVED
4-5-16-12



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: Weider Cabral de Souza
address: 308 McGrath Hwy
city: Somerville state: MA zip: 02143 phone # 617-628-5757

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 _____ employees (full & part time). ☐ Other _____

☒ I am an employer providing workers' compensation for my employees working on this job.

company name: Auto Mechanic Souza Inc.
address: 308 McGrath Hwy
city: Somerville phone #: 617-628-5757
insurance co. Travelers policy # 7A571488BA

☐ 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

Date

05-16-12

Print name

Weider C. Souza

Phone #

617-628-5757

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

city or town:

permit/license #

☐ check if immediate response is required

contact person:

phone #:

(revised Sept. 2003)

- ☐ Building Department
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Health Department
- ☐ Other _____