

2-CKS

GARAGE LICENSE APPLICATION

Application Fee \$550.00

Date 9/1/2011

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>7-12-2012</u>
Amount Paid	<u>550 - 75 -</u>

CK 1475 1475

For the storage of 5 vehicles inside

13 ~~13~~ vehicles outside

☐ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business (DBA) Name: John's Auto Sales DBA Beacon St Garage Inc. Phone: 617-714-3923

Business Location (with Zip Code): 266 Beacon St

Applicant's Legal Name: John James Eleftherakis

Applicant's Address (with Zip Code): 2 Wyman Court Winchester MA

Applicant's Email Address: Johnny Cars @ Com Cast . NET

Applicant's Federal Employer Identification Number: 04 - 274 - 3707

Mailing Name (where we should send correspondence to): John's Auto Sales Inc

Mailing Address (with Zip Code): 181 Somerville Ave Somerville

Emergency Contact: John S. Eleftherakis Phone: 617-628-5511
cell 617-512-5511

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust
☒ Corporation (inc. LLC) ☐ Other

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

1. Will you be open to the public at this location? Y ☒ N ☐
2. Will you be doing mechanical repairs of vehicles at this location? Y ☒ N ☐
3. Will you be doing autobody work on vehicles at this location? Y ☐ N ☒
4. Will you be spray painting vehicles or parts at this location? Y ☐ N ☒
5. Will you be washing vehicle at this location? Y ☒ N ☐
6. Will you be charging money to park vehicles at this location? Y ☐ N ☒
7. Will you be storing registered vehicles at this location? Y ☒ N ☐
8. Will you be storing unregistered vehicles at this location? Y ☒ N ☐
9. Will you be operating a tow vehicle at this location? Y ☒ N ☐

Have you ever obtained a garage license before?

Y ☒ N ☐

If yes, list year, city and state Last 38 yr's Somerville MA,

Have you ever been denied a garage license?

Y ☐ N ☒

If yes, list year, city and state NO

Have you ever had a garage license revoked or suspended?

Y ☐ N ☒

If yes, list year, city and state NO

Describe all of the premises to be used in the business: Entire property

The hours of operation for garages are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on April 30, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: [Signature] Date 9/1/11

Business Name: John's Auto Sales

Business Address: 266 Beacon St Somerville MA. 02143

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a TBA Zone.

- ☒ The use is permitted as of right
☐ The use requires a special permit
☐ The use is prohibited

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the State Building Code. (NOTE: This statement is NOT a certificate of occupancy, nor does it replace the requirement for a certificate of occupancy.)

Maximum number of motor vehicles to be kept on the premises: 5 inside
13 outside

Signature: [Signature] Date: July 11, 2012

Print Name: Eddie Nuzzo Title: Superintendent

FIRE PREVENTION BUREAU RECOMMENDATION

I have inspected the premises mentioned above and based on my inspection:

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the Fire Safety Code. (NOTE: This statement is NOT a storage of flammables permit, nor does it replace the requirement for a storage of flammables permit.)

- ☐ A 148 sec. 13 License is required
☒ A 148 sec. 13 License is NOT required

Signature: LT R. MacLaughlan Date: 5/31/12

Print Name: ROBERT MACLAUGHLAN Title: LIEUTENANT

COS
110.00

**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)

John J. Eleftherakis

By: Corporate Officer (Mandatory, if a corporation)

Social #
~~000000000~~

Fed ID
04 274 3707

**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.

Police
Capt. O'Connor

X 7241

Pat
X 7244

Records Dep.



owe
\$300-
10-2011
266 Beacon St.

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: John's Auto Sales Inc

Address of taxpayer/applicant's business in Somerville: 181 Somerville Ave Somerville

Address of taxpayer/applicant's home in Somerville: 254 McGrath Hwy Som

Taxpayer/applicant's phone: day: 617-628-5511 evening: 617-512-5511

I, (print name) John James Eleftherakis, 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 1 day of

September, 20 11

(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: _____

50008110
13624

11801404

1089

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

RECEIVED
4-7-12-12

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: John's Auto Sales
Address: 181 Somerville Ave
City: Som State: MA Zip: 02143 Phone #: 617-628-5511
☒ I am an employer with 12 employees (full and/or part time). Business Type: ☒ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: Technology Insurance Co.
Address: P.O. Box 31330
City: Cleveland State: Ohio Zip: 44131 Phone #: 978-821-3030 David Kouloris Agent
Policy #: TWC 3207270 Expiration Date: 8/31/2012

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: 9/1/11
Print Name: John J. Eleftherakis

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 _____