



**CITY OF SOMERVILLE  
BOARD OF ALDERMEN**  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600

**APPLICATION TO RENEW GARAGE LICENSE**

**GREEN AUTOMOTIVE INC**  
600 WINDSOR PLACE  
SOMERVILLE, MA 02143

License #: **782**  
City # **G210**  
Fee: **550.00**  
Account ID: **664**  
Reference #: **782**

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: <b>GREEN AUTOMOTIVE INC</b> Business Location: <b>600 WINDSOR PL</b> Business Phone: <b>617-628-1081</b>	
License Holder: <b>GREEN AUTOMOTIVE INC</b> <b>600 WINDSOR PLACE</b> <b>SOMERVILLE, MA 02143</b> <b>617-628-1081</b>	2014 MAR 12 A 9:42 CITY CLERK'S OFFICE SOMERVILLE, MA
Mailing Address: <b>GREEN AUTOMOTIVE INC</b> <b>600 WINDSOR PLACE</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>SECRETARY - CHERYL HORAN</b> <b>PRESIDENT - GERALD CHAILLE</b> <b>TREASURER - GERALD CHAILLE</b>	
FID: <b>042660924</b>	
Food Manager/Emergency Contact: <b>CHERYL HORAN</b> <b>978-273-3777</b>	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

**OPEN TO THE PUBLIC**

- 1 MECHANICAL REPAIRS
- 1 STORING VEHICLES
- 1 OPERATING TOW VEHICLES
- 50 VEHICLES INSIDE
- 40 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:  
**Originally Issued 3/12/1998. No Auto Body. No Spray Painting. No Washing Vehicles.**

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

Name: Cheryl Horan Date: 3/5/14  
Phone: 617 628 1081

**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: Green Automotive, Inc.  
 Address: 600 Windsor Place  
 City: Somerville State: Ma Zip: 02143 Phone #: 6176282222

- |  |  |
|--|--|
| <input type="checkbox"/> I am an employer with <u>22</u> employees (full and/or part time).                                    | <b>Business Type:</b> <input type="checkbox"/> Retail                  |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees.  | <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          | <input type="checkbox"/> Nonprofit                                     |
|  | <input type="checkbox"/> Entertainment                                 |
|  | <input type="checkbox"/> Manufacturing                                 |
|  | <input type="checkbox"/> Health Care                                   |
|  | <input type="checkbox"/> Other _____                                   |

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Utica National Insurance Co  
 Address: P.O. Box 6532  
 City: Utica State: NY Zip: 13504 Phone #: 6176282222  
 Policy #: 100871385 Expiration Date: 12-31-14

**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: *Charles Horan* Date: 3/5/14  
 Print Name: Charles Horan

**Official use only. Do not write in this area. To be completed by city or town official.**

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Green Cab Co, Inc.

Address of taxpayer/applicant's business in Somerville: 600 Windsor Place

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 6176281081 evening: 6176286666

I, (print name) Gerald R. Chaille, 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 5<sup>th</sup> day of March, 2014. Gerald R. Chaille  
(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: \_\_\_\_\_

# 116602      # 146007011      # 1329      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: RC

ORIGINAL STAMP:  **RECEIVED**  
3/12/14