

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

UNITED AUTO REPAIR  
64 JOY STREET  
SOMERVILLE MA 02143-0001

LIC #: 2011-168  
B.O.A.# 186254

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work:     Parking or Storing Vehicles: X  
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 \$500.00 not later than April 30, 2011. 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: UNITED AUTO REPAIR TEL: 617-771-2649  
Company Address: 00064 -00068 JOY ST

City: SOMERVILLE State: MA Zip: 02143

Check One:     Gov't     Partner      
Individual:     Co:     Corp:     Trust:     Agency     Ship X Other      
Owner Name: UNITED AUTO REPAIR TEL: 617-771-2649  
Owner Address: 64 JOY STREET

Owner City: SOMERVILLE State: MA Zip: 02143-0001  
FID#: 800243191

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 04/30/2011, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*  
MONDAY-FRIDAY: 08:00 AM-07:00 PM  
SATURDAY: 08:00 AM-07:00 PM  
SUNDAY: CLOSED

Very truly yours,

John J. Long  
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----  
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2011-168  
FEE: \$500.00

This is to certify: UNITED AUTO REPAIR  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 04/23/1992  
Garage situated at: 00064 -00068 JOY ST  
Doing business as : UNITED AUTO REPAIR  
Shall not exceed: 6 Vehicles Inside & 2 Vehicles Outside, not on public ways  
in addition the following restrictions apply:  
NO VEHICLES PARKED ON STREET. NO SPRAY PAINTING  
8/31/2007 AS PER GEORGE LANDERS USING THIS FOR JUST STORAGE.CHANGEDHANDS  
ON 09/09/2008.

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

Signature of Applicant

Address

SOMERVILLE MA 02143  
City State Zip

\*\* Office Use Only \*

Mail      
Taken    

Received: 5-9-11 CK 2137

\$500-  
City Clerk

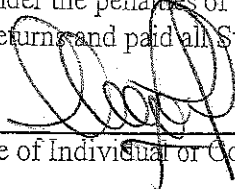
CITY CLERK'S OFFICE  
SOMERVILLE, MA

2011 MAY -9

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.



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\* Signature of Individual or Corporate Name (Mandatory)

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By: Corporate Officer (Mandatory, if a corporation)

800243191

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\*\* 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: United Auto Repair

Address of taxpayer/applicant's business in Somerville: Gay St

Address of taxpayer/applicant's home in Somerville: 1 Rhodes St Somerville MA

Taxpayer/applicant's phone: day: 617-771-2649 evening: \_\_\_\_\_

I, (print name) Jean Maurin, 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 Friday day of

May, 2011. \_\_\_\_\_  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

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

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

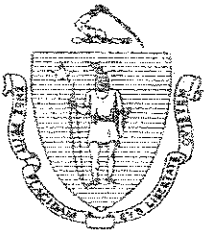
Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_  
# 06258184      # 145025001      # 32011038      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

**RECEIVED**  
5-09-11



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street, 7<sup>th</sup> Floor  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: Jean Maurin

address: 1 Rhode St.

city: SAUGUS state: MA zip: 01906 phone # 617-771-2649

work site location (full address): 604 Joy St - Somerville, MA 02143

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: \_\_\_\_\_

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 oaths and penalties of perjury that the information provided above is true and correct.

Signature: *Jean Maurin* Date: 5/9/11

Print name: Jean Maurin Phone #: 617-771-2649

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 \_\_\_\_\_