



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Garage License

FMS AUTO SALES LLC
682 MYSTIC AVE
SOMERVILLE MA 02145

License #: BL15-001023
File #: 15-798
Fee: 550

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: FMS AUTO SALES LLC Business Location: 682 MYSTIC AVE Business Phone: 617-440-6651	
License Holder: FMS AUTO SALES LLC 682 MYSTIC AVE SOMERVILLE MA 02145	
Mailing Address: FMS AUTO SALES LLC 682 MYSTIC AVE SOMERVILLE MA 02145	
Business Type: Corporation FADI SULEIMAN	
FID: 460627833	
Emergency Contact: FADI SULEIMAN Phone: 617-669-2950	
Proposed Hours of Operation if outside standard hours: MO-FR 10AM-5PM, SA-SU CLOSED # of Vehicles Kept Inside: 2 # of Vehicles Kept Outside: 0 Open to the public? No Mechanical repairs? Yes Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? Yes Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	Yes

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.

Signature: _____

Date: 04-22-2015

Printed Name: Fadi M. Suleiman

Phone: 617-669-2950



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: FMS Auto Sales LLC DBA American Auto Gallery

Address of taxpayer/applicant's business in Somerville: 682 Mystic Ave Somerville MA 02145

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

Taxpayer/applicant's phone: day: 617-440-6651 evening: 617-669-2950

I, (print name) Fadi M. Suleiman, 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 29th day of April, 2015.
[Signature]
(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: _____

N/A

248005011

901

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

*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: FMS Auto Sales LLC DBA American Auto Gallery
Address: 682 Mystic Ave
City: Somerville State: MA Zip: 02145 Phone #: 617-669-2950

- ☒ I am an employer with 2 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: AIM Mutual Insurance
Address: P.O. Box 4070 / 54 Third Avenue
City: Burlington State: MA Zip: 01803 Phone #: 800-876-2765
Policy #: VWC-100-6018435-2015A Expiration Date: 03-28-2016

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: 04-29-2015

Print Name: Fadi M. Suleiman

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 _____