

GARAGE LICENSE APPLICATION

Nonrefundable Application Fee \$550.00

Date 4/18/14

2015 FEB 10 A 11:16

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>2/10/15</u>
Amount Paid	<u>\$625</u>

CITY CLERK'S OFFICE
SOMERVILLE, MA

New Application

For the storage of 8 vehicles inside
2 vehicles outside

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business (DBA) Name: TOP CAR Auto Repair Phone: 617-764-5971

Business Address (in Somerville): 497 Columbia St

Applicant's Federal Employer Identification Number: _____

Applicant's Legal Name: Paulo Almeida

Mailing Name (who we should send correspondence to): 497 Columbia St Somerville

Mailing Address (with Zip Code): _____

Emergency Contact: Paulo Almeida Phone: 617-749-6254

Type of Business (Check Only One and Provide the Names Indicated):	
<input checked="" type="checkbox"/> Sole Proprietor: Name of Owner:	<u>Paulo Almeida</u>
<input type="checkbox"/> Partnership (inc. LLP): Name of Partnership:	<u>none</u>
Names of All Partners Who Own More Than 10%: _____	

<input type="checkbox"/> Trust: Name of Trust:	_____
Names of All Trustees Who Own More Than 10%: _____	

<input type="checkbox"/> Corporation: Name of Corporation:	_____
Name of President: _____	
Name of Secretary: _____ Name of Treasurer: _____	
<input type="checkbox"/> LLC: Name of LLC:	_____
Names of All Managers Who Own More Than 10%: _____	

<input type="checkbox"/> Other (Attach a Description of the Form of Ownership and the Names of Owners)	

Business (DBA) Name: Top Gun Auto

- 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 vehicles 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 1994-2000 Somerville

Have you ever been denied a garage license? Y N
If yes, list year, city and state _____

Have you ever had a garage license revoked or suspended? Y N
If yes, list year, city and state _____

I request permission to store 8 vehicles inside the building, and 2 vehicles on the parking lot.
Attach a scaled site plan drawing of your property, showing exactly where you will store each of the vehicles you wish to park on the premises. Include a plan for both the inside of the building and the outside parking lot. Include the dimensions for each space.

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. 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 Applicant: X Date 4/18/14
Business Name: TOP Can Aut
Business Address: 497 Columbi. St Somerville

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a T70 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: 8 inside
2 outside

Signature: Al Bargo Date: 2/5/15
Print Name: Al Bargo Title: Local Building Inspector

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: _____ Date: _____
Print Name: _____ Title: _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

Allen

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: JAT Realty

Address of taxpayer/applicant's business in Somerville: 497 Columbia St

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

Taxpayer/applicant's phone: day: 978 430 3010 evening: _____

I, (print name) Allen Talowsky, 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 21 day of

April, 2014. *Allen Talowsky*
(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: _____
3778 # 124077021 # _____ # _____

NOTES:

CLERK'S INITIALS: *JK*

ORIGINAL STAMP: received
04-22-14

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: TOP CAR Auto REPAIR
 Address: 497 COLUMBIA ST
 City: Jamerville State: MA Zip: 02143 Phone #: 617-7645971

- | | | |
|--|-----------------------|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: | <input type="checkbox"/> Retail |
| <input checked="" 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: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone #: _____
 Policy #: _____ Expiration Date: _____

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: *Paulo Almeida* Date: 4/18/14
 Print Name: PAULO ALMEIDA

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 _____

(revised Jan. 2008)