

\$500.00

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

SANDRA HENRIQUEZ
11 CYPRESS ROAD
MEDFORD MA 02155

LIC #: 2010-170
B.O.A.# 164385

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: ___ Parking or Storing Vehicles: ___
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, 2010. 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: AUTOSAL TEL: 617-623-6441
Company Address: 00444 R SOMERVILLE AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: X Co: ___ Corp: ___ Trust: ___ Agency ___ Gov't ___ Partner ___
Ship ___ Other ___
Owner Name: SANDRA HENRIQUEZ TEL: 781-396-1346
Owner Address: 11 CYPRESS ROAD

Owner City: MEDFORD State: MA Zip: 02155
FID#: 012803942

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 04/30/2010, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-02:00 PM
SUNDAY: CLOSED

Very Sincerely yours,

John Long
City Clerk

CITY CLERK'S OFFICE
SOMERVILLE, MA
2010 APR - 9 A 9:05

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

LICENSE #: 2010-170
FEE: \$500.00

This is to certify: SANDRA HENRIQUEZ
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 06/11/1992
Garage situated at: 00444 R SOMERVILLE AV
Doing business as : AUTOSAL
Shall not exceed: 15 Vehicles Inside
in addition the following restrictions apply:
7/12005 APPROVED WITH CONDITIONS: HOURS OF OPERATION MONDAY-FRIDAY
8:00AM TO 6:00PM, SATURDAY 8:00AM TO 2:00PM, SUNDAY CLOSED NO BUSINESS
NO SPRAY PAINTING

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

Signature of Applicant
11 Cypress Rd.
Address
Medford Ma. 02155
City State Zip

** Office Use Only **
Mailed ___
Taken ___
Received:
City Clerk



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

- 1. Exact name of taxpayer/applicant's business: Autosal
- 2. Address of taxpayer/applicant's business in Somerville: 444 Somerville Ave
- 3. Address of taxpayer/applicant's home in Somerville: _____
- 4. Taxpayer/applicant's phone: day: _____ evening: _____

I, Rafael D. Soto, 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 _____ day of _____, 20_____
(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: _____
- # 08301113 # 242071001 # ~~36550375~~ # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

Received
UBarrows
10-4-10



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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: **Autosal**
 address: **Autobody & Auto Repairs**
444 R. Somerville Ave.
Somerville, MA 02143
 city: **(617) 623-6441** state: _____ zip: _____ phone #: _____

work site location (full address):
 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 **4** employees (full & part time). Other
 I am an employer providing workers' compensation for my employees working on this job.

company name: **AUTOSAL**
 address: **444 R SOMERVILLE Ave.**
 city: **Somerville MA 02143** phone #: **617 623 6441**
 insurance co. **A. I. M. INS.** policy #: **7021343012010**

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.

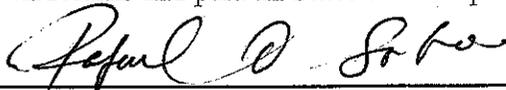
I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.
 Signature: **Rafael O. Sorto** Date: **10-4-2010**
 Print name: **RAFAEL O. SORTO** Phone #: **417 623 6441**

official use only do not write in this area to be completed by city or town official
 city or town: _____ permit/license # _____ Building Department
 Licensing Board
 check if immediate response is required Selectmen's Office
 Health Department
 contact person: _____ phone #: _____ Other _____
 (revised Sept. 2003)

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)

By: Corporate Officer (Mandatory, if a corporation)

F.I.D.# 30 030 7830

** 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.