



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

2013 APR 29 P 1:27

**APPLICATION TO RENEW GARAGE LICENSE**CITY CLERK'S OFFICE  
SOMERVILLE, MA

**JIM'S HEAVY DUTY SERVICE**  
42 JOY ST  
SOMERVILLE, MA 02143

License #: 646  
City #G159  
Fee: 550.00  
Account ID: 532  
Reference #: 646

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: For <b>JIM'S HEAVY DUTY SERVICE</b> Business Location: <b>42 JOY ST</b> Business Phone: <b>617-629-7700</b>	
License Holder: <b>JIM'S HEAVY DUTY SERVICE</b> <b>42 JOY ST</b> <b>SOMERVILLE, MA 02143</b> <b>617-629-7700</b>	
Mailing Address: <b>JIM'S HEAVY DUTY SERVICE</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - JAMES LINARDY</b> <b>SECRETARY - JAMES LINARDY</b>	
FID: <b>043332677</b>	
Food Manager/Emergency Contact: <b>JAMES LINARDY</b> <b>781-727-5858</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-12PM**

**OPEN TO THE PUBLIC**

- 1 MECHANICAL REPAIRS
- 7 VEHICLES
- 7 VEHICLES INSIDE

Description of Location and/or Other Conditions:

**Originally Issued 2/14/1991. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow 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.

Signature: *James Linardy* Date: 4.22.13  
Print Name: James Linardy Phone: 617-629-7700

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

Workers' Compensation Insurance Affidavit- General Business

**Applicant information:**

Name: Jim's Heavy Duty Service  
 Address: 42 Bay St  
 City: Somerville State: MA Zip: 02143 Phone #: 617-629-7700

I am an employer with 2 employees (full and/or part time).  
 I am a sole proprietor or partnership and have no employees.  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  
 We are a nonprofit organization staffed by volunteers and have no employees.

Business Type:  Retail  
 Restaurant/Bar/Eating Establishment  
 Office and/or Sales (real estate, auto, etc.)  
 Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other Truck Repair

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

Insurance Company Name: A. I. M. Mutual Insurance  
 Address: 54 Third Ave  
 City: Burlington State: MA Zip: 01803 Phone #: 781-221-1600  
 Policy #: WCC-500-5011001 2013A Expiration Date: 5.4.13 renewal

**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: 4.22.13  
 Print Name: James Linarydy

*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 \_\_\_\_\_

(revised Jan. 2008)

## BILLING STATEMENT

This statement represents additional charges and/or credits to your account.

Page: 1 of 1

Jim's Heavy Duty Service Inc  
 42 Joy Street  
 Somerville, MA 02143

<b>Policy Number:</b>	WCC-500-5011001-2013A (1)
<b>Policy Term:</b>	5/4/2013 - 5/4/2014
<b>Statement Date:</b>	4/9/2013
<b>Statement Number:</b>	697799
<b>Due Date:</b>	5/4/2013
<b>Amount Due:</b>	\$1,105.00

Date	Description	Amount
4/4/2013	Down Payment - Premium	\$1,065.00
	Down Payment - DIA Assessment	\$40.00
<b>Current Balance:</b>		<b>\$1,105.00</b>

**Broker:** 4971 - 1 The Fairway Agency Inc Phone: (508)807-0380

If a prior balance appears on your statement, a portion of the Current Balance may be due earlier than the Due Date shown.  
 Premium amounts shown may also be subject to audit.

**For billing inquiries, please call (800) 876-2765**

54 Third Avenue • P.O. Box 4070 • Burlington, MA 01803-0970 • Tel: 781.221.1600 / 800.876.2765 • Fax: 781.272.5847

BRIDGEWATER • BURLINGTON • CONCORD, NH • HOLYOKE • MARLBOROUGH

*sponsored by Associated Industries of Massachusetts*

### Return Payment Stub

**Insured:** Jim's Heavy Duty Service Inc

**Instructions:**

1. Make checks payable to Associated Employers Insurance Company.
2. Include your Policy Number on the check.
3. Remove stub at perforations and return with payment in enclosed envelope.

Associated Employers Insurance Company  
 P.O. Box 4131  
 Woburn, MA 01888-4131

<b>Policy Number:</b>	WCC-500-5011001-2013A (1)
<b>Policy Term:</b>	5/4/2013 - 5/4/2014
<b>Statement Date:</b>	4/9/2013
<b>Statement Number:</b>	697799
<b>Due Date:</b>	5/4/2013
<b>Amount Due:</b>	\$1,105.00

Pol Premium Policy Id Pol Unit Insured No  
 \$4,260 1504972 1 5011001  
 Product: Guaranteed Cost AEIC



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Jim's Heavy Duty Service

Address of taxpayer/applicant's business in Somerville: 42 Joy Street

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

Taxpayer/applicant's phone: day: 617-629-7700 evening: 781-322-5809  
781-727-5858

I, (print name) James Linardy, 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 22 day of April, 20 13.  
(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: \_\_\_\_\_

# 8304      # 145023001      # 724      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: LB

ORIGINAL STAMP:

**RECEIVED**  
LB  
4-30-13