



CITY OF SOMERVILLE, MASSACHUSETTS
BOARD OF ALDERMEN

Docket # 201733

License/Permit
Garage License - Renewing

Regular Meeting, October 13, 2016
Item ID 14354

SUMMARY: Renewing Garage License, Inman Collision Center, 45 Webster Ave.

COMPLETE TEXT:

See Attachment.

RESULT: APPROVED WITH CONDITIONS

CONDITIONS: Approved for 7 vehicles inside and 2 outside, for 30 days only.
Applicant must submit a surveyor's plot plan showing the property lines and a site plan showing the parking layout within 30 days.
Note that this location has been designated an acquisition/disposition parcel under the Union Square Revitalization Plan, and renewal of this license is not automatic. For further information, contact the city's Planning Department at 617-625-6600 x2500.

APPROVED WITH CONDITIONS BY THE BOARD OF ALDERMEN OF THE CITY OF SOMERVILLE, MA, AT A REGULAR MEETING ON THE 13th DAY OF OCTOBER, 2016.

ATTEST:


John J. Long, City Clerk

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

2016 JUN 20 P 2:29

Application to Renew Garage License

CITY CLERK'S OFFICE
SOMERVILLE, MA

Inman Collision Center
45 Webster Ave
Somerville MA 02143

License #: BL15-000777
File #: 15-659
Fee: 605

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: INMAN COLLISION CENTER Business Location: 45 WEBSTER AVE Business Phone: (857) 891-6539 <i>(781) 333-1073</i>	
License Holder: Inman Collision Center 45 Webster Ave Somerville MA 02143	
Mailing Address: Inman Collision Center 45 Webster Ave Somerville MA 02143	
Business Type: Sole Proprietor MARISTELA ROCHA	
FID: 261241421	
Emergency Contact: MARISTELA ROCHA Phone: 857-891-6539 <i>and (781) 333-1073</i>	
Proposed Hours of Operation if outside standard hours: MO-FR 8AM-5PM, SA 9AM-5PM # of Vehicles Kept Inside: 13 # of Vehicles Kept Outside: 4 Open to the public? Yes Mechanical repairs? Yes Autobody work? Yes Spray Painting? Yes Washing vehicles? Yes Charging money to store vehicles? Yes Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	

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.



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: _____

Address of taxpayer/applicant's business in Somerville: 45 Webster Ave

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

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) _____, 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: _____

_____ # _____ # _____ # _____

NOTES:

CLERK'S INITIALS: _____

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: Inman Collision Center
Address: 45 Webster Ave
City: Somerville State: MA Zip: 02143 Phone #:

- ☒ I am an employer with 3 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: UTICA NATIONAL INSURANCE GROUP
Address: 180 GENESEE STREET
City: NEW HARTFORD State: NY Zip: 13413 Phone #:
Policy #: 4959091 Expiration Date: 6/24/17

Applicant certification:

See attached

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: 6/20/2016

Print Name: [Signature]

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