



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

Application to Renew Garage License

SAKO KASSABIAN
126 TOTTEN POND ROAD
WALTHAM MA 02451

License #: BL15-000760
File #: 15-643
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: SAKO KASSABIAN Business Location: 627 SOMERVILLE AVE Business Phone: 617-623-2020	
License Holder: SAKO KASSABIAN 126 TOTTEN POND ROAD WALTHAM MA 02451	
Mailing Address: SAKO KASSABIAN 126 TOTTEN POND ROAD WALTHAM MA 02451	
Business Type: Sole Proprietor SAKO KASSABIAN	
FID: 542084908	
Emergency Contact: SAKO KASSABIAN Phone: 617-780-8834	
Proposed Hours of Operation if outside standard hours: MO-FR 8AM-6PM, SA 9AM-2PM # of Vehicles Kept Inside: 33 # of Vehicles Kept Outside: 0 Open to the public? Yes Mechanical repairs? No Autobody work? Yes Spray Painting? Yes Washing vehicles? No Charging money to store vehicles? No Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? Yes	

2015 APR 16 A 10:07
CITY CLERK'S OFFICE
SOMERVILLE, MA

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: Sako Kassabian Date: 4-16-15

Printed Name: Sako Kassabian Phone: 617-780-8834



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Sako Kassabian

Address of taxpayer/applicant's business in Somerville: 619 Somerville ave Somerville MA, 02143

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

Taxpayer/applicant's phone: day: 617-623-2020 evening: 617-780-8834

I, (print name) Sako Kassabian, 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 16th day of April, 20 15. Sako Kassabian
(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: _____

NA # 24104800 # 1103 # _____

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: EZ Auto Body
Address: 619 Somerville Ave
City: Somerville State: MA Zip: 02143 Phone #: 617-623-2020

☒ I am an employer with 1 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
☒ Other Auto Body

Workers' compensation insurance information (if applicable):

Insurance Company Name: Norguard Insurance Company
Address: 16 South River St
City: Wilkes Barre State: PA Zip: 18703 Phone #: 1800-673-2465
Policy #: PAWC446911 Expiration Date: July 15, 2015

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: Sako Kassabian Date: 4-16-15
Print Name: Sako Kassabian

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 _____