



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

CK 1428
350

APPLICATION TO RENEW GARAGE LICENSE

ILANA INC
30 MEDFORD ST
SOMERVILLE, MA 02143

License #: **1042**
Fee: **550.00**
Account ID: **819**
Reference #: **1042**

6967

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 EXECUTIVE AUTO BODY Business Location: 30 MEDFORD ST Business Phone: 617-576-1855	
License Holder: ILANA INC 30 MEDFORD ST SOMERVILLE, MA 02143 617-576-1855	
Mailing Address: ILANA INC SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - ERIK MATAEV TREASURER - ERIK MATAEV	
FID: 455197289	
Food Manager/Emergency Contact: ERIK MATAEV 617-610-7321	

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-2PM**

OPEN TO THE PUBLIC

- | | |
|----------------------|--------------------|
| 1 AUTO BODY WORK | 13 VEHICLES |
| 1 MECHANICAL REPAIRS | 13 VEHICLES INSIDE |
| 1 SPRAY PAINTING | 1 WASHING VEHICLES |

Description of Location and/or Other Conditions:

No Operating Tow Vehicles.

2013 MAR 12 P 12:03
 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: *ERIK MATAEV* Date 3-8-13
 Print Name: ERIK MATAEV Phone 617-610-7321

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: EXECUTIVE AUTO BODY

Name: ICANA INC.

Address: 30 MEDFORD ST

City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-576-1855

- 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: MAIN STREET AMERICA ASSURANCE COMPANY

Address: P.O. BOX 2004

City: KEENE State: NH Zip: 03431 Phone #: 617-354-4640

Policy #: BPT6188E Expiration Date: 5-1-13

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: 3-8-12

Print Name: ERIK MATAEV

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: ILANA INC. D.B.A EXECUTIVE AUTO BODY

Address of taxpayer/applicant's business in Somerville: 30 MEDFORD ST

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

Taxpayer/applicant's phone: day: 617-576-1855 evening: 617-610-7321

I, (print name) ERIK MATAEV, 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 MARCH day of 8, 2013. Erik Mathev
(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: _____

9771 # 124002021 # _____

NOTES:

CLERK'S INITIALS: UBS

ORIGINAL STAMP:

RECEIVED
UBarrows
3-12-13