

GARAGE LICENSE APPLICATION

Nonrefundable Application Fee \$605.00

Date _____

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

☒ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

For the storage of 6 vehicles inside

4 vehicles outside

Business (DBA) Name: AUTOBODY SQUAD INC Phone: (617) 803-8641

Business Location in Somerville (include Zip Code): 45 WEBSTER AVE

Applicant's Federal Employer Identification Number: 26-4163730

Applicant's Legal Name: FABIO V. GOMES

Mailing Name (who we should send correspondence to): (850 CANAL STREET) Fabio Gomes

Mailing Address (with Zip Code): 35 canal street Malden MA 02148

Emergency Contact: FABIO GOMES Phone: (617) 803-8641

MARISTELA ROCHA

(781) 333-1073

Type of Business (Check Only One and Provide the Names Indicated):

☐ **Sole Proprietor:** Name of Owner: _____

☐ **Partnership (inc. LLP):** Name of Partnership: _____

Names of All Partners Who Own More Than 10%: _____

☐ **Trust:** Name of Trust: _____

Names of All Trustees Who Own More Than 10%: _____

☒ **Corporation:** Name of Corporation: AUTO BODY SQUAD INC

Name of President: FABIO VIEIRA GOMES

Name of Secretary: MARISTELA ROCHA Name of Treasurer: FABIO VIEIRA GOMES

☐ **LLC:** Name of LLC: _____

Names of All Managers Who Own More Than 10%: _____

☐ **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Business (DBA) Name: _____

- | | | |
|----|--------------------------------------------------------------------|------------------------------------------------------------------|
| 1. | Will you be open to the public at this location? | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> |
| 2. | Will you be doing mechanical repairs of vehicles at this location? | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> |
| 3. | Will you be doing autobody work on vehicles at this location? | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> |
| 4. | Will you be spray painting vehicles or parts at this location? | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> |
| 5. | Will you be washing vehicles at this location? | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> |
| 6. | Will you be charging money to park vehicles at this location? | Y <input type="checkbox"/> N <input checked="" type="checkbox"/> |
| 7. | Will you be storing unregistered vehicles at this location? | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> |
| 8. | Will you be operating a tow vehicle at this location? | Y <input type="checkbox"/> N <input checked="" type="checkbox"/> |

Have you ever obtained a garage license before?

Y ☒ N ☐

If yes, list year, city and state Malden/MA

Have you ever been denied a garage license?

Y ☐ N ☒

If yes, list year, city and state _____

Have you ever had a garage license revoked or suspended?

Y ☐ N ☒

If yes, list year, city and state _____

I request permission to store 6 vehicles inside the building, and 2 vehicles on the parking lot.

Attach a scaled site plan drawing of your property, showing exactly where you will store each of the vehicles you wish to park on the premises. Include a plan for both the inside of the building and the outside parking lot. Include the dimensions for each space.

The hours of operation for garages are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on April 30, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. 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 Applicant: [Signature] Date: _____

Business Name: AUTOBODY SQUAD

Business Address: 45 WEBSTER AVE SOMERVILLE MA 02143

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a _____ Zone.

- ☐ The use is permitted as of right
☐ The use requires a special permit
☐ The use is prohibited

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the State Building Code. (NOTE: This statement is NOT a certificate of occupancy, nor does it replace the requirement for a certificate of occupancy.)

Maximum number of motor vehicles to be kept on the premises: 6 inside
2 outside

Signature: [Signature] Date: 3-14-16

Print Name: FLOYD RICHARDSON Title: LBI

FIRE PREVENTION BUREAU RECOMMENDATION

I have inspected the premises mentioned above and based on my inspection:

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the Fire Safety Code. (NOTE: This statement is NOT a storage of flammables permit, nor does it replace the requirement for a storage of flammables permit.)

- ☐ A 148 sec. 13 License is required
☒ A 148 sec. 13 License is NOT required

Signature: [Signature] Date: 2/26/16

Print Name: ROBERT MACLAUGHAN Title: COMPLIANCE



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: AUTO BODY SPOT & PAINT INC

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) FABIO V. GOMES, 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

FABIO V. GOMES, 20_____. _____
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>1285</u>	# <u>146063001</u>	# <u>1286</u>	# _____

NOTES:

CLERK'S INITIALS: URS

ORIGINAL STAMP:

RECEIVED
LIBRARY
4-13-16

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: AUTOBODY SQUAD INC
Address: 45 WEBSTER AVE
City: Somerville State: MA Zip: 02143 Phone #: (617) 803-8641

- | | |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input type="checkbox"/> Nonprofit |
| | <input type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Health Care |
| | <input checked="" type="checkbox"/> Other <u>GARAGE</u> |

Workers' compensation insurance information (if applicable):

Insurance Company Name: UTICA NATIONAL INS. GROUP
Address: 180 Gene See ST
City: New Hartford State: NY Zip: 13413 Phone #: _____
Policy #: 4775423 Expiration Date: 07/29/16

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: 3/15/16
Print Name: MAKISTELA KOCHA.

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____

ABUTTER PUBLIC HEARING NOTIFICATION

Petitioner: _____

Address: _____

Date: _____

To an Abutter or Interested Party:

A Public Hearing for all persons interested will be held before the Somerville Board of Aldermen in the __Aldermanic Chambers or __Committee Room, City Hall, 2nd Floor, 93 Highland Avenue, Somerville, MA, 02143, on the following date: _____, at _____ PM, to consider pending cases and hear testimony as to the following matter. You, the abutter or interested party, are invited to appear and be heard at this Hearing.

Description of Permit/License Application, including Location: _____

Sincerely,

Petitioner's Signature



William Francis Galvin
Secretary of the Commonwealth of Massachusetts



Corporations Division

Business Entity Summary

ID Number: 000995333

[Request certificate](#)

[New search](#)

Summary for: **AUTO BODY SQUADY, INC.**

The exact name of the Domestic Profit Corporation: AUTO BODY SQUADY, INC.

Entity type: Domestic Profit Corporation

Identification Number: 000995333

Date of Organization in Massachusetts:
02-06-2009

Last date certain:

Current Fiscal Month/Day: 12/31

Previous Fiscal Month/Day: 12/31

The location of the Principal Office:

Address: 35 CANAL STREET

City or town, State, Zip code, MALDEN, MA 02148 USA
Country:

The name and address of the Registered Agent:

Name: FABIO V. GOMES

Address: 35 CANAL STREET

City or town, State, Zip code, MALDEN, MA 02148 USA
Country:

The Officers and Directors of the Corporation:

Title	Individual Name	Address
PRESIDENT	FABIO V. GOMES	260 MAIN STREET APT 105 MALDEN, MA 02148 USA
TREASURER	FABIO V. GOMES	260 MAIN STREET APT 105 MALDEN, MA 02148 USA
SECRETARY	FABIO V. GOMES	260 MAIN STREET APT 105 MALDEN, MA 02148 USA
DIRECTOR	FABIO V. GOMES	260 MAIN STREET APT 105 MALDEN, MA 02148 USA

Business entity stock is publicly traded:

The total number of shares and the par value, if any, of each class of stock which this business entity is authorized to issue:

Class of Stock	Par value per share	Total Authorized
----------------	---------------------	------------------

45 WEBSTER AV

