

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

GREEN AUTOMOTIVE, CORP./GERALD CHAILLE
600 WINDSOR PLACE
SOMERVILLE MA 02143

LIC #: 2012-210
B.O.A.# 188018

\*\*\* ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR \*\*\*

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: \_\_\_ Parking or Storing Vehicles: X
Washing Vehicles: \_\_\_ Spray Painting: \_\_\_ Operating a Tow Vehicle: X

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
This Certificate must be signed and filed with the required fee of \$550.00 not
later than April 30, 2012. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current
records below. Please print or type your information, except for signature.

Company Name: GREEN AUTOMOTIVE, CORPORATION TEL: 617-628-1081
Company Address: 00600 WINDSOR PL

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: \_\_\_ Co: \_\_\_ Corp: X Trust: \_\_\_ Agency \_\_\_ Gov't Partner
Ship Other
Owner Name: GREEN AUTOMOTIVE, CORP./GERALD CHAILLE TEL: 617-628-1081
Owner Address: 600 WINDSOR PLACE

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 042660924

This renewal is being sent to you as a courtesy, please file on time. If this
renewal is not returned to City Clerk's office by 04/30/2012, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*
MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC -- LICENSE #: 2012-210
FEE: \$550.00

This is to certify: GREEN AUTOMOTIVE, CORP./GERALD CHAILLE
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 09/20/1979

Garage situated at: 00600 WINDSOR PL
Doing business as : GREEN AUTOMOTIVE, CORPORATION
Shall not exceed: 50 Vehicles Inside & 40 Vehicles Outside, not on public ways
in addition the following restrictions apply:

2012 APR - 2 A 11: 27
CITY CLERK'S OFFICE
SOMERVILLE, MA

This renewal certificate must be signed by the holder of the license
Check One Owner Occupant Holder

Signature of Applicant: [Handwritten Signature]
Address: 600 Windsor Pl
Somerville, MA 02143
City State Zip

\*\* Office Use Only \*\*
Mailed
Taken [checked]
Received: 4/2/12 - MS
\$ 550.00 ck# 8306
City Clerk

**IMPORTANT**

#664

RCF 782

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: Green Automotive Inc.  
 Somerville Address and Zip Code: 600 Windsor Place  
 Phone Number of the Business: (617) 628-2222

The Legal Name of the License Holder: Green Automotive Inc / Gerald Chaille  
 Street Address of the License Holder: 600 Windsor Place  
 City, State and Zip Code of the License Holder: Somerville, MA  
 Phone Number of the License Holder: 617 628 1081  
 Email Address of the License Holder: Choran.greencab@yahoo.com

Where We Should Send Mail: Name: Green Automotive  
 Street Address: 600 Windsor Place  
 City, State and Zip Code: Somerville MA 02143  
 Email: Choran.greencab@yahoo.com  
 Phone Number: (617) 628-2222

Federal ID # (Do Not Give a Social Security #): 04-2660924

Emergency Contact and Phone (For Fire Dept. Use): 978 273 3777 Cheryl Horn  
cell

Type of Business (Check Only One and Give the Names Indicated):  
 Sole Proprietor: Name of Owner: \_\_\_\_\_  
 Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: \_\_\_\_\_  
 Trust: Names of All Trustees Who Own More Than 10%: \_\_\_\_\_  
 Corporation (inc. LLC): Name of President: Gerald R. Chaille  
 Name of Secretary: Cheryl Horn  
 Name of Treasurer: Gerald Chaille  
 Other (Attach a Description of the Form of Ownership and the Names of Owners)

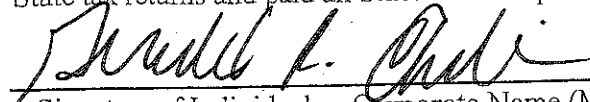
**ACKNOWLEDGEMENT:** I hereby certify under the penalties of perjury that the following is true:  
 -All information shown above is true and accurate.  
 -Any changes above are subject to the approval of the Somerville Board of Aldermen.  
 -I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Gerald R. Chaille Date 3/27/12

MASSACHUSETTS DEPARTMENT OF REVENUE

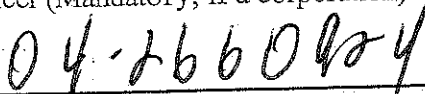
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

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 Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)



\*\* Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Green Automotive Inc.

Address of taxpayer/applicant's business in Somerville: 600 Windsor Place

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

Taxpayer/applicant's phone: day: (617) 628-2222 evening: (617) 628-1081

I, (print name) Gerald Chaille, 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 27<sup>th</sup> day of

March, 2012. Gerald P. Chaille  
(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: \_\_\_\_\_

# 98000720      # 146007011      # 1375      # \_\_\_\_\_  
16347

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:





The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street, 7<sup>th</sup> Floor  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: Green Automotive, Inc.  
 address: 600 Windsor Place  
 city: Somerville state: MA zip: 02143 phone #: (617) 628-1081

work site location (full address): 600 Windsor Place

I am a sole proprietor and have no one working in any capacity. Business Type:  Retail  Restaurant/Bar/Eating Establishment  
 Office  Sales (including Real Estate, Autos etc.)  
 I am an employer with 20 employees (full & part time).  Other

I am an employer providing workers' compensation for my employees working on this job.

company name: UTICA NATIONAL Insurance Group  
 address: 180 KINGSLEY ST  
 city: NEW HARTFORD, NY 13413 phone #: 617 464 3777  
 insurance co. LIGHTHOUSE INS. policy #: 4489843

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_ policy #: \_\_\_\_\_

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_ policy #: \_\_\_\_\_

Attach additional sheet if necessary  
 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. 3/27/12

Signature: [Signature] Date: 3/27/12  
 Print name: CHRISTL HORN Phone #: (617) 628-1081

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_  Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other

check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_

(revised Sept. 2003)