MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

HILLSIDE	JAGUAR,	INC.
~ ~ ~ ~ ~	~	

LIC #: 2011-071

В.	0	.A	#

UTI	REPUTATION (JAGUAR,	TIME
45	MYSTIC	AVENUE	

SOMERVILLE -MA 02145 *** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: Parking or Storing Vehicles: Washing Vehicles: Spray Painting: Operating a Tow Vehicle: 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 \$500.00 not later than April 30, 2011. 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: HILLSIDE JAGUAR, INC.D/B/A HILLSIDE SERVICE TEL: 617-623-7388

Company Address: 00045 MYSTIC AV

City:	SOMERVILLE	State:	MA	Zip:	02145	
Check One:	•		•	_	Gov't	Partner

Owner Address: 45 MYSTIC AVENUE

Owner City: SOMERVILLE State: MA Zip: 02145 FID#: 042917732

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 04/30/2011, please advise.

***** HOURS OF OPERSTIONS *****

MONDAY-FRIDAY: 08:00 AM-06:00 PM

SATURDAY: 08:00 AM-02:00 PM

SUNDAY: CLOSED

John J. Long City Clerk

Very truly yours,

----- OUR CURRENT INFORMATION SHOWS

LICENSE #: 2011-071 -- GARAGE OPEN TO THE PUBLIC --FEE: \$500.00

This is to certify: HILLSIDE JAGUAR, INC.

has been licensed by the Mayor and the Aldermen of the City of Somerville.

Since 05/27/1976

Garage situated at: 00045 MYSTIC AV

Doing business as : HILLSIDE JAGUAR, INC.D/B/A HILLSIDE SERVICE CENTER

Shall not exceed: 10 Vehicles Inside

in addition the following restrictions apply:
20 TOTAL ON PREMISES 10 ON USED CAR CLASS II AND 10 ON GARAGE

	ERW.	
This renewal certificate must be sign Check One: Owner V Occupant	ned by the holder of the bcense.	
Signature A Applicant 45 hys hc GJL Address	** Office Use Only ** Mailed Taken Received:	-
Somerilk Lr 02145 City State Zip	City Clerk	

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.

Hilside Jaguar Inc

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

04-2917731

- * 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.

^{**} Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)



City of Somerville, Massachusetts Finance Department, Treasury Division

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

CERTIFICATE OF GOOD STANDING

0.		SOOD STILLIDERO	
Exact name of taxpayer/ap	pplicant's business: <u> </u>	HIBOLE Jago	iar.Inc
Address of taxpayer/applic	cant's business in Some	ville: 45 Myst	case
Address of taxpayer/applic	cant's home in Somervil	le: ## 45	Mystic QUE
Taxpayer/applicant's phor	ne: day:47 6 13 73	. 88 evening: 617 9.	13 2420
nereby certify that all the	information contained had or that the Taxpayer	, the undersign terein is true and correct and has entered into an agreem	d all taxes and fees
		ES OF PERJURY, this	
pal	, 20(<	(Taxpayer's signat	
		(Taxpayer's signat	ture)
	CITY'S ACKNOW	LEDGEMENT	
DATE OF ISSUANCE: _	INCLUDI	ES RELEVANT POSTINGS THROUG	EH:
TAXES AND ACCOUNT	F NUMBER(S) INCLU	DED IN CERTIFICATE:	
☐ Real Estate	□Water/Sewer	☐ Personal Property	Other:
#20666111	#/0203001	#30006240	#
NOTES:			
CLERK'S INITIALS: _	_Ub_	ORIGINAL STAMP:	
	·		RECFIVE



The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street, 7th Floor Boston, Mass. 02111 Workers' Compensation Insurance Affidavit - General Businesses

	NT legibly
name: Hils. L. Jaguar In	C
address: 45 Ayute ave	
city Jonerville state: La	zip: 02145 phone # 617-623.738
work site location (full address): I am a sole proprietor and have no one Business Type: working in any capacity. I am an employer with 2 employees (full & part time).	Retail Restaurant/Bar/Eating Establishment Sales (including Real Estate, Autos etc.) Other Guto Restaurant/Bar/Eating Establishment
am an employer providing workers' compensation for my er	nployees working on this job.
company name: Hilb. Le Jaguar.	Tri -
address: 45 hystic ave	
city: Comenille	phone #: 676237388
insurance co. AG Betail Lerchants	policy# 01 400 5031604111
I am a sole proprietor and have hired the independent contrac compensation polices:	tors listed below who have the following workers'
company name:	
address:	
city:	phone #:
Însurance co.	policy#
company name:	
address:	
city:	*phone #:
ms.g.aac.	policy #
Attach additional sheet if necessary Failure to secure coverage as required under Section 25A of MGL 152 can l one years' imprisonment as well as civil penalties in the form of a STOP WC copy of this statement may be forwarded to the Office of Investigations of the	OKK OKDEK and a line of \$100.00 a day against me. I understand that a
I do hereby certify under the pains and penalties of perjury the fine in	
Signature Act Many Many	Date 4/5/11
Print name Robert Bou Lrace	Phone # 61762373PP
official use only do not write in this area to be completed by city or	town official
official use only do not write in this area to be completed by city or city or town:	permit/license#Building Department
check if immediate response is required	☐Licensing Board ☐Selectmen's Office
contact person: phone	town official _ permit/license # Building Department
contact person:phone (revised Sept. 2003)	