

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.

Hillside Jaguar, Inc

* Signature of Individual or Corporate Name (Mandatory)


By: Corporate Officer (Mandatory, if a corporation)

04-2917731

** 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: Hills de Jaguar, Inc

Address of taxpayer/applicant's business in Somerville: 45 Mystic Ave

Address of taxpayer/applicant's home in Somerville: ~~#~~ 45 Mystic Ave

Taxpayer/applicant's phone: day: 617 613 7388 evening: 617 923 2420

I, (print name) Robert Boncreac, 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 5th day of

April, 2011. [Signature]
(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: _____

20666111 # 10203001 # 30006240 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED
Barrows
4-25-11



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

Applicant information:

Please PRINT legibly

name: Hills de Jaguar, Inc
 address: 45 Mystic Ave
 city: Somerville state: Ma zip: 02145 phone # 617-623-7388

work site location (full address):

- 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 2 employees (full & part time). Other auto repair
 I am an employer providing workers' compensation for my employees working on this job.

company name: Hills de Jaguar, Inc
 address: 45 Mystic Ave
 city: Somerville phone #: 6176237388
 insurance co. Ma Retail Merchants policy # 014005031604111

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.

Signature: [Signature] Date: 4/5/11
 Print name: Robert Bourgeois Phone #: 6176237388

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

city or town: _____ permit/license # _____ Building Department

check if immediate response is required Licensing Board

contact person: _____ phone #: _____ Selectmen's Office

(revised Sept. 2003) Health Department

Other _____