



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

PAST DUE

APPLICATION TO RENEW FLAMMABLES LICENSE

**RAFAEL E. CASTILLO
141 MIDDLESEX AVENUE
MEDFORD, MA 02155**

License #: **900**
City #F90
Fee: **550.00**
Account ID: **618**
Reference #: **900**

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: GOOD GAS SOMERVILLE Business Location: 343 MEDFORD ST Business Phone: 617-776-0590	
License Holder: PCJ AUTO SERVICES, INC. D/B/A GOOD GAS SOMERVILLE 00343 -00345 MEDFORD ST SOMERVILLE, MA 02145 617-776-0590	
Mailing Address: RAFAEL E. CASTILLO 141 MIDDLESEX AVENUE MEDFORD, MA 02155	
Business Type: CORPORATION (INC. LLC)	
FID: 261691140	
Food Manager/Emergency Contact:	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-SU 5 AM - MIDNIGHT**

Description of Location and/or Other Conditions:

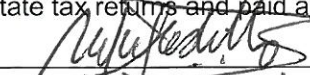
Originally Issued 9/9/1937, Amended 09/25/75, 7/9/97. 20,000 Gals. Gasoline. 500 Gals. Oil.

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:  Date 5/30/14
Print Name: RAFAEL E CASTILLO Phone 617 776 0590

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:

Name: PCS AUTO SERVICES INC DBA GOOD GAS SOMERVILLE
 Address: 345 MEDFORD ST.
 City: SOMERVILLE State: MA Zip: 02145 Phone #: 617 7760590

- | | | | | | | | | | | | | | | | | | |
|---|--|--------------------------|--------|--------------------------|-------------------------------------|--------------------------|---|--------------------------|-----------|--------------------------|---------------|--------------------------|---------------|--------------------------|-------------|--------------------------|---|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).
<input type="checkbox"/> I am a sole proprietor or partnership and have no employees.
<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"/> We are a nonprofit organization staffed by volunteers and have no employees. | Business Type: <table border="0" style="margin-left: 10px;"> <tr><td><input type="checkbox"/></td><td>Retail</td></tr> <tr><td><input type="checkbox"/></td><td>Restaurant/Bar/Eating Establishment</td></tr> <tr><td><input type="checkbox"/></td><td>Office and/or Sales (real estate, auto, etc.)</td></tr> <tr><td><input type="checkbox"/></td><td>Nonprofit</td></tr> <tr><td><input type="checkbox"/></td><td>Entertainment</td></tr> <tr><td><input type="checkbox"/></td><td>Manufacturing</td></tr> <tr><td><input type="checkbox"/></td><td>Health Care</td></tr> <tr><td><input type="checkbox"/></td><td>Other <u>GAS STATION & REPAIRS CARS</u></td></tr> </table> | <input type="checkbox"/> | Retail | <input type="checkbox"/> | Restaurant/Bar/Eating Establishment | <input type="checkbox"/> | Office and/or Sales (real estate, auto, etc.) | <input type="checkbox"/> | Nonprofit | <input type="checkbox"/> | Entertainment | <input type="checkbox"/> | Manufacturing | <input type="checkbox"/> | Health Care | <input type="checkbox"/> | Other <u>GAS STATION & REPAIRS CARS</u> |
| <input type="checkbox"/> | Retail | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Restaurant/Bar/Eating Establishment | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Office and/or Sales (real estate, auto, etc.) | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Nonprofit | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Entertainment | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Manufacturing | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Health Care | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Other <u>GAS STATION & REPAIRS CARS</u> | | | | | | | | | | | | | | | | |

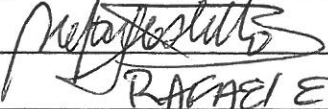
Workers' compensation insurance information (if applicable):

Insurance Company Name: O'DONOGHUE INS AGCY INC
 Address: 90 SUMMER ST
 City: ARLINGTON State: MA Zip: 02476 Phone #: _____
 Policy #: 34660 R 156 UB Expiration Date: 7-31-14

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:  Date: 5/30/14
 Print Name: RAFAEL E CASPINO

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 <input type="checkbox"/> Other _____
Contact Person: _____	Phone #: _____	



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: PO Auto SERVICE DBA GoodCar ¹⁰⁰

Address of taxpayer/applicant's business in Somerville: 345 MEDFORD ST.

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

Taxpayer/applicant's phone: day: 617 7760590 evening: 617 823 0024

I, (print name) RAPHAEL E CASTILLO, 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 5/30/14 day of MAY, 20____, _____
(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: _____

9916 # 208001001 # 830 # _____

NOTES:

CLERK'S INITIALS: (P)

ORIGINAL STAMP: 5/30/14