

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

GEORGE MIHOS
111 BONHAM ROAD
DEDHAM

MA 02026

LIC #: 2011-185
B.O.A.# 163333

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ___ Auto Body Work: X Parking or Storing Vehicles: ___

Washing Vehicles: ___ Spray Painting: X 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: GEMICAR, INC D/B/A TECH AUTO BODY REPAIR, INC TEL: 617-628-0232
Company Address: 00009 UNION SQ

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Gov't Partner Ship Other ___
Owner Name: GEORGE MIHOS TEL: 781-329-8873
Owner Address: 111 BONHAM ROAD

Owner City: DEDHAM State: MA Zip: 02026
FID#: 043356068

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

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2011-185
FEE: \$500.00

This is to certify: GEORGE MIHOS has been licensed by the Mayor and the Aldermen of the City of Somerville. Since 03/10/1994
Garage situated at: 00009 UNION SQ
Doing business as : GEMICAR, INC D/B/A TECH AUTO BODY REPAIR, INC
Shall not exceed: 3 Vehicles Inside & 5 Vehicles Outside, not on public ways in addition the following restrictions apply:
CLASS II LICENSE HAS 2.

CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 APR 29 A 10:14

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

George Mihos
Signature of Applicant
111 BONHAM ROAD
Address
DEDHAM MA 02026
City State Zip

** Office Use Only **
Mailed ___
Taken ✓
Received: 4/29/11 - MS
\$500.00 ck# 9329
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.

* Signature of Individual or Corporate Name (Mandatory)

George Mohos - President
By: Corporate Officer (Mandatory, if a corporation)

04-335-6068

** 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: GEMICAR, INC. D/B/A TECH AUTO BODY

Address of taxpayer/applicant's business in Somerville: 9 UNION SQUARE

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

Taxpayer/applicant's phone: day: 617-628-0232 evening: 617-650-1819

I, (print name) GEMICAR, INC. D/B/A TECH AUTO BODY 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 30th day of

April, 2011 George Miller (Taxpayer's signature) George Miller - President

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

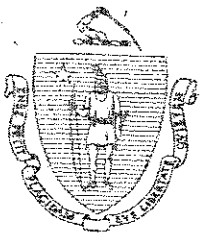
Real Estate Water/Sewer Personal Property Other: _____
04193103 # 123079111 # 30050798 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

RECEIVED
UR
4-29-11



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: GEMICAR, INC/D/B/A TELH AUTO BODY
 address: 9 Union Sq.
 city: Somerville state: MA zip: 02143 phone #: (617) 628-0232

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

company name: TRAVELERS INSURANCE Co
 address: TYG Insurance Agency 63 Freeman St
 city: Arlington MA 02474 phone #: 781 641-3002
 insurance co. TRAVELERS INSURANCE policy # 6KVB-9581116708

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: 4/30/2011
 Print name: GEMICAR, INC (George Mihos) Phone #: (617) 628-0232

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)