



**CITY OF SOMERVILLE**  
 Commonwealth of Massachusetts  
 93 Highland Avenue  
 Somerville, MA 02143  
 (617) 625-6600

**2015 CERTIFICATE OF REGISTRATION**  
**Application to Renew Garage License**

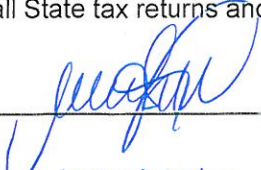
**Inman Collision Center**  
**45 Webster Ave**  
**Somerville MA 02143**

**License #:** BL15-000777  
**File #:** 15-659  
**Fee:** 550

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)
<b>Business/DBA Name:</b> Inman Collision Center <b>Business Location:</b> 45 WEBSTER AVE <b>Business Phone:</b> (857) 891-6539	
<b>License Holder:</b> Inman Collision Center 45 Webster Ave Somerville MA 02143	
<b>Mailing Address:</b> Inman Collision Center 45 Webster Ave Somerville MA 02143	
<b>Business Type:</b> Sole Proprietor MARISTELA ROCHA	
<b>FID:</b> 261241421	
<b>Emergency Contact:</b> MARISTELA ROCHA <b>Phone:</b> 857-891-6539	
<b>Proposed Hours of Operation if outside standared hours:</b> MO-FR 8AM-5PM, SA 9AM-5PM <b># of Vehicles Kept Inside:</b> 13 <b># of Vehicles Kept Outside:</b> 0 <b>Open to the public?</b> Yes <b>Mechanical repairs?</b> Yes <b>Autobody work?</b> Yes <b>Spray Painting?</b> Yes <b>Washing vehicles?</b> No <b>Charging money to store vehicles?</b> Yes <b>Storing unregistered vehicles?</b> No <b>Maintaining or operating a tow vehicle at this location?</b> No	4       Yes

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: 04/03/15  
 Printed Name: MARISTELA ROCHA Phone: (857) 891-6539



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: Webster Newton Concord Realty Trust

Address of taxpayer/applicant's business in Somerville: 45 Webster Avenue

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

Taxpayer/applicant's phone: day: 617-232-4258 evening: 617-923-9408

I, (print name) Stephen R Wyner, 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 12th day of

March, 2015. Steph R Wyner  
(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: \_\_\_\_\_

# 16080      # 146063001      # \_\_\_\_\_      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

[Signature]  
  
3-12-15

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Inman collision center  
Address: 45 Webster ave  
City: Somerville State: MA Zip: 02143 Phone #: (857) 891-6539

- I am an employer with \_\_\_\_\_ employees (full and/or part time).  
 I am a sole proprietor or partnership and have no employees.  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  
 We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type:  Retail  
 Restaurant/Bar/Eating Establishment  
 Office and/or Sales (real estate, auto, etc.)  
 Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other \_\_\_\_\_

Workers' compensation insurance information (if applicable):

Insurance Company Name: Travelers Insurance  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Policy #: 680 007 F454434 Expiration Date: 03/31/2016

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: [Signature] Date: 04/3/15  
Print Name: MARISTELA ROLTA

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Board of Health  
 Building Department  
 City/Town Clerk  
 Licensing Board  
 Selectmen's Office  
 Other \_\_\_\_\_