



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**

2015 MAR 25 A 10:31
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

CITY CLERK'S OFFICE
SOMERVILLE, MA

APPLICATION TO RENEW GARAGE LICENSE

2015

MOTORSPORTS, INC.
486 R COLUMBIA ST
SOMERVILLE, MA 02143

License #: 600
City #G204
Fee: .00
Account ID: 488
Reference #: 600

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: MOTORSPORTS, INC. Business Location: 486 COLUMBIA ST Business Phone: 617-767-2912	JUNIOR AUTO BODY 486 R COLUMBIA ST.
License Holder: MOTORSPORTS, INC. 486 R COLUMBIA ST SOMERVILLE, MA 02143 617-767-2912	
Mailing Address: MOTORSPORTS, INC. 486 R COLUMBIA ST SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC)	
FID: 260319908	
Food Manager/Emergency Contact:	

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

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

OPEN TO THE PUBLIC

- | | | |
|----------------------|--------------------|--------------------|
| 1 AUTO BODY WORK | 1 STORING VEHICLES | 1 WASHING VEHICLES |
| 1 MECHANICAL REPAIRS | 3 VEHICLES INSIDE | |
| 1 SPRAY PAINTING | 5 VEHICLES OUTSIDE | |

Description of Location and/or Other Conditions:

Originally Issued 12/22/1997. No Operating Tow Vehicles.

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: *Gilberto T. Junior* Date: 3/25/15
Print Name: Gilberto T. Junior Phone: 617 767 2912



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Motorsports INC

Address of taxpayer/applicant's business in Somerville: 486 R Columbia St, Somerville

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

Taxpayer/applicant's phone: day: 617 767 2912 evening: _____

I, (print name) Gilberto L. Junior, 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 25 day of March, 2015. Gilberto L. Junior
(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: _____

3801 # 146007041 # ~~146007041~~ # _____

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:

UBananas
3-25-15



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: Motorsports INC

Address: 486 R Columbia st

City/State/Zip: SOMERVILLE, MA 02143 Phone #: 617 767 2912

Are you an employer? Check the appropriate box:

1. ☒ I am a employer with 01 employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☒ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: KW Insurance

Insurer's Address: 1361 Cambridge st

City/State/Zip: CAMBRIDGE, MA, 02139

Policy # or Self-ins. Lic. # 043432341 Expiration Date: 03/24/16

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance 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: 3/25/15

Phone #: _____

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

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____