

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

JAMES TIVINIS
693 MCGRATH HIGHWAY
SOMERVILLE MA 02145

LIC #: 2011-209
B.O.A.# 163043

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: X Parking or Storing Vehicles:
Washing Vehicles: Spray Painting: 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: FELLSWAY AUTO REPAIR, CO. TEL: 617-628-0806
Company Address: 00693 MCGRATH HWY

City: SOMERVILLE State: MA Zip: 02145

Check One: Individual: Co: Corp: X Trust: Agency: Gov't Partner
Ship Other
Owner Name: JAMES TIVINIS TEL: 617-628-0806
Owner Address: 693 MCGRATH HIGHWAY

Owner City: SOMERVILLE State: MA Zip: 02145
FID#: 043415996

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 OPERATIONS *****
MONDAY-FRIDAY: 07:00 AM-06:00 PM
SATURDAY: 08:00 AM-01:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

LICENSE 2011-209
FEE \$500.00

This is to certify: JAMES TIVINIS
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 03/12/1988
Garage situated at: 00693 MCGRATH HWY
Doing business as : FELLSWAY AUTO REPAIR, CO.
Shall not exceed: 5 Vehicles Inside & 10 Vehicles Outside, not on public ways
in addition the following restrictions apply:
10 FT. FENCE DIVIDING 8/10 KENNSINGTON 12/12A KENNSINGTON FROM MCGRATH
HWY BUILDING, SOUNDPROOF INSIDE OF BUILDING FACING KENNSINGTON AVE.
NO IDLING OF VEHICLES IN LOT. EXHAUST OF CARS BE DIRECTED UP OVER
BUILDING VIA DUCT WORK. ALL EPA AND OTHER ENVIRONMENTAL REQUIREMENTS BE
CERTIFIED BY CITY'S EPA OFFICER AND FIRE DEPT. AS REQUIRED BY LAW.

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

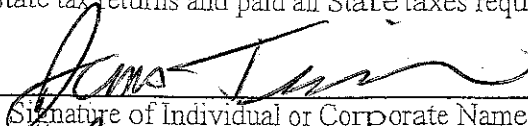
James Tivinis
Signature of Applicant
693 McGrath Hwy
Address
Somerville, ma 02145
City State Zip

** Office Use Only **
Mailed
Taken
Received: \$ 300.00 ck # 16745
4/29/11 - ms
City Clerk

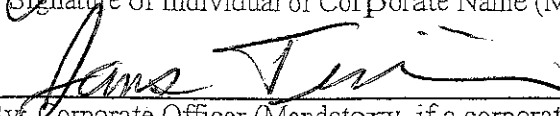
MASSACHUSETTS DEPARTMENT OF REVENUE

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)



By Corporate Officer (Mandatory, if a corporation)

043-415-996

** 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: Fellsway Auto Repair

Address of taxpayer/applicant's business in Somerville: 693 McGrath Hwy

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

Taxpayer/applicant's phone: day: 617-628-0806 evening: 978-304-1029

I, (print name) James Tiunis, 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 29 day of

April, 2011. James Tiunis
(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: _____

20661087 # 14400400 / # NO ACC # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

received
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: Felsway Auto Repair
 address: 693 McGrath Hwy.
 city: Somerville state: MA zip: 02145 phone # 617-628-0806

work site location (full address): same
 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 4 employees (full & part time). Other Auto Repair Shop
 I am an employer providing workers' compensation for my employees working on this job.

company name: Felsway Auto Repair
 address: 693 McGrath Hwy.
 city: Somerville phone #: 617-628-0806
 insurance co. Zurich policy # WC 0457602300

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 year's 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 James Tiunis Date 4/29/11
 Print name JAMES TIUNIS Phone # 617-628-0806

official use only do not write in this area to be completed by city or town official
 city or town: _____ permit/license # _____
 check if immediate response is required
 contact person: _____ phone #: _____
 Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____
 (revised Sept. 2003)