

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

CLARINDA FREITAS  
64 RUSSELL STREET #3C  
PLYMOUTH MA 02360

LIC #: 2011-167  
B.O.A.# 180849

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work:      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: BRASIL AUTO REPAIR TEL: 617-982-0787  
Company Address: 00621 SOMERVILLE AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual:      Co:      Corp:      Trust:      Agency      Gov't      Partner       
Ship X Other       
Owner Name: CLARINDA FREITAS TEL: 1-508-830-0076  
Owner Address: 64 RUSSELL STREET #3C

Owner City: PLYMOUTH State: MA Zip: 02360  
FID#:     

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 #: 2011-167  
FEE: \$500.00

This is to certify: CLARINDA FREITAS  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 11/19/1991

Garage situated at: 00621 SOMERVILLE AV  
Doing business as : BRASIL AUTO REPAIR  
Shall not exceed: 2 Vehicles Inside

in addition the following restrictions apply:

NO USE OF PUBLIC WAY FOR STORAGE OF VEHICLES. NO BLOCKING SIDEWALK.  
MECHANICAL ONLY - NO BODY WORK OR PAINTING. 90 DAY LICENSE ONLY.  
NO TOWING OPERATION AT THE GARAGE  
TRANSFERRED FROM DON HECTOR AUTO REPAIR BOA #180849 ON 4/11/2008

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
2011 APR 19 3:12

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

X Clarinda Freitas  
Signature of Applicant  
621 Somerville Ave.  
Address  
SOMERVILLE MA 02143  
City State Zip

\*\* Office Use Only \*\*  
Mailed       
Taken       
Received: 4-19-11 CR 1557  
\$500.00  
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.

x *Kenneth Adams*

\* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

EIN # 20-2750805

\*\* 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: BRAZIL AUTO REPAIR

Address of taxpayer/applicant's business in Somerville: 621 SOMERVILLE AVE - SOMERVILLE, MA 02143

Address of taxpayer/applicant's home in Somerville: 94 PEARL ST. - BSMT, SOMERVILLE, MA 02143

Taxpayer/applicant's phone: day: (617) 623-0553 evening: same

I, (print name) JULIO ROSA, 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<sup>th</sup> day of

APRIL, 2011. X Julio Rosa  
(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: \_\_\_\_\_

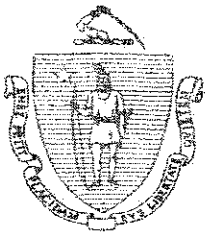
# 08309072      # 241048001      # 30056476      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

**received**  
A 4/19/11



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street, 7<sup>th</sup> Floor  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: CLARINDA H FREITAS & JULIO ROSA (DBA) BRAZIL AUTO REPAIR

address: 621 SOMERVILLE AVE

city: SOMERVILLE state: MA zip: 02143 phone # 617-623-0553

work site location (full address): SAME AS ABOVE

- 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 1 employees (full & part time).  Other

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

company name: GRANITE STATE INSURANCE CO

address: PO BOX 409

city: PARSIPPANY - NJ - 07054-0409 phone #: 800-645-2259

insurance co. policy # WC 6370704

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: Julio Rosa Date:

Print name: JULIO ROSA Phone #: 617-623-0553

official use only do not write in this area to be completed by city or town official

city or town: permit/license #  Building Department

check if immediate response is required  Licensing Board

contact person: phone #:  Selectmen's Office

(revised Sept. 2003)

Health Department

Other