



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

2014 MAR 12 A 10:27

CITY CLERK'S OFFICE
SOMERVILLE, MA**APPLICATION TO RENEW GARAGE LICENSE**

VALENTINO, EDMILSON A.
BBC AUTO REPAIR
483 SOMERVILLE AVE
SOMERVILLE, MA 02143

License #: 757
City #G172
Fee: 550.00
Account ID: 640
Reference #: 757

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: BBC AUTO REPAIR Business Location: 483 SOMERVILLE AVE Business Phone: 617-629-0058	
License Holder: VALENTINO, EDMILSON A. BBC AUTO REPAIR 483 SOMERVILLE AVE SOMERVILLE, MA 02143 617-629-0058	
Mailing Address: VALENTINO, EDMILSON A. BBC AUTO REPAIR 483 SOMERVILLE AVE SOMERVILLE, MA 02143	
Business Type: SOLE PROPRIETORSHIP OWNER - EDMILSON VALENTINO	
FID: 264737682	
Food Manager/Emergency Contact: LUCIANA VALENTINO 781-632-2484	

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 MECHANICAL REPAIRS
- 1 STORING VEHICLES
- 10 VEHICLES INSIDE

Description of Location and/or Other Conditions:

Originally Issued 9/13/1992. No Auto Body. No Spray Painting. No Washing Vehicles. 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: Edmilson Valentino Date: 03-06-2014
Print Name: Edmilson Valentino Phone: 617 629 0058

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

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: BBC Auto REPAIR
Address: 483 SOMERVILLE AVE
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-629-0058

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 AUTO REPAIR

Workers' compensation insurance information (if applicable):

Insurance Company Name: Liberty Mutual
Address: DOVER NH 03821-9090 P.O. Box 9090
City: DOVER State: NH Zip: 03821 Phone #: 800-653-7893
Policy #: WC5-315-375916-024 Expiration Date: 02-11-2015

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: Edmilson Valentino Date: 03-06-2014
Print Name: Edmilson Valentino

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 _____

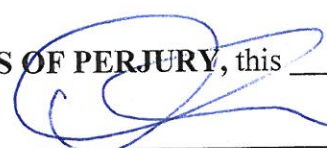


City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Edmilson Alves Valentimo
Address of taxpayer/applicant's business in Somerville: 483 Somerville Ave.
Address of taxpayer/applicant's home in Somerville: 20 Cypress St.
Taxpayer/applicant's phone: day: 617-628 0058 evening: 781 953 0302

I, (print name) Edmilson A. Valentimo, 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 6 day of March, 20 14.

(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: _____

4361 # 236010001 # _____ # _____

NOTES:

CLERK'S INITIALS: 

ORIGINAL STAMP: 