

GARAGE LICENSE APPLICATION

Application Fee \$550.00 _____

Date 08/12/13 _____

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	_____
Amount Paid	_____

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

For the storage of _____ vehicles inside

vehicles outside

Business (DBA) Name: Top Cars of Boston LLC D/B/A Inman Motors Phone: (617) 666-2727

Business Location (with Zip Code): 463 McGrath Hwy - Somerville MA 02143

Applicant's Legal Name: Dalmaro Silveira Junior

Applicant's Address (with Zip Code): _____

Applicant's Email Address: topcarsofboston@hotmail.com

Applicant's Federal Employer Identification Number: 830502645

Mailing Name (where we should send correspondence to): Inman Motors Sales

Mailing Address (with Zip Code): 39 Webster Avenue - Somerville MA 02143

Emergency Contact: Dalmaro D. Junior Phone: (617) 301-3918

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust

Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: Dalmaro Silveira Junior

Address with Zip Code: 173 Union Street Everett 02149

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

- 1. Will you be open to the public at this location? Y N
- 2. Will you be doing mechanical repairs of vehicles at this location? Y N
- 3. Will you be doing autobody work on vehicles at this location? Y N
- 4. Will you be spray painting vehicles or parts at this location? Y N
- 5. Will you be washing vehicle at this location? Y N
- 6. Will you be charging money to park vehicles at this location? Y N
- 7. Will you be storing registered vehicles at this location? Y N
- 8. Will you be storing unregistered vehicles at this location? Y N
- 9. Will you be operating a tow vehicle at this location? Y N

Have you ever obtained a garage license before? Y N

If yes, list year, city and state Dorchester, MA

Have you ever been denied a garage license? Y N

If yes, list year, city and state _____

Have you ever had a garage license revoked or suspended? Y N

If yes, list year, city and state _____

Describe all of the premises to be used in the business: _____

The hours of operation for garages are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on April 30, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: [Signature] Date 08/12/13

Business Name: Top Cars of Boston LLC D/B/A Linman Motors

Business Address: 463 McCrath Hwy - Somerville MA 02143

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a _____ Zone.

- The use is permitted as of right
- The use requires a special permit
- The use is prohibited

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the State Building Code. (NOTE: This statement is NOT a certificate of occupancy, nor does it replace the requirement for a certificate of occupancy.)

Maximum number of motor vehicles to be kept on the premises: _____ inside
_____ outside

Signature: _____ Date: _____

Print Name: _____ Title: _____

FIRE PREVENTION BUREAU RECOMMENDATION

I have inspected the premises mentioned above and based on my inspection:

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the Fire Safety Code. (NOTE: This statement is NOT a storage of flammables permit, nor does it replace the requirement for a storage of flammables permit.)

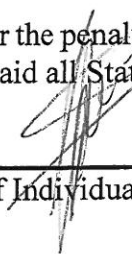
- A 148 sec. 13 License is required
- A 148 sec. 13 License is NOT required

Signature: _____ Date: _____

Print Name: _____ Title: _____

**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)

830 502 675

**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

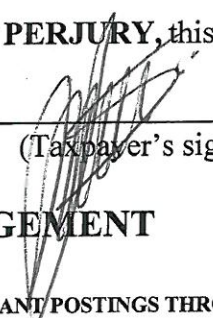
Exact name of taxpayer/applicant's business: Top Law of Boston LLC D/B/A Emman Motors

Address of taxpayer/applicant's business in Somerville: 39 Webster Avenue, Somerville MA 02143

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

Taxpayer/applicant's phone: day: (617) 301-3918 evening: (617) 301-3918

I, (print name) Salomas Dibeira 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 12th day of August, 2013.

(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: _____

9805 # 146043001 # 1318 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP: 

RECEIVED
Barrios
8-22-13

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: Top Cars of Boston LLC/DIA Inman Motors Sales of Somerville

Address: 39 Webster Ave

City: Somerville State: MA Zip: 02143 Phone #: 617 666 4747 / 617 666 2727

- I am an employer with 2 employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: TRAVELERS Indemnity CO

Address: PO Box 3556

City: Orlando State: FL Zip: 32802 Phone #: 1800-443-4404

Policy #: 5014P617 Expiration Date: _____

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: 08/13/13

Print Name: Salomoo Silveira JR

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 _____