

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

EDMILSON ALVES VALENTINO
590 LINCOLN AVENUE
SAUGUS MA 01906

LIC #: 2012-172
B.O.A.# 188019

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: Parking or Storing Vehicles: XWashing 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 \$550.00 not
later than April 30, 2012. 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: BBC AUTO REPAIR TEL: 617-629-0058Company Address: 00483 SOMERVILLE AVCity: SOMERVILLE State: MA Zip: 02143

Check One:

Individual: X Co: Corp: Trust: Agency Ship Gov't Partner Other Owner Name: EDMILSON ALVES VALENTINO TEL: 1-781-953-0302Owner Address: 590 LINCOLN AVENUEOwner City: SAUGUS State: MA Zip: 01906FID#: 264737682

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 04/30/2012, 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 #: 2012-172

FEE: \$550.00

This is to certify: EDMILSON ALVES VALENTINO
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 04/11/1929

Garage situated at: 00483 SOMERVILLE AVDoing business as : BBC AUTO REPAIRShall not exceed: 10 Vehicles Inside

in addition the following restrictions apply:

AMENDED LICENSE 8/15/2005. NUMBER OF VEHICLES CHANGED FROM 20 TO 3

NO SPRAY PAINTING.

AMENDED LICENSE 11/23/2009, NUMBER OF VEHICLES CHANGED FROM 3 TO 10

30 DAY TEMP. LICENSE TO BE REVIEWED EVERY 30 DAYS.BOA #188559 12/10/2009

This renewal certificate must be signed by the holder of the license.

Check One: Owner ✓ Occupant Holder

Signature of Applicant

Address

City

State

Zip

** Office Use Only **

Mailed
Taken

Received:

City Clerk

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: BOSTON BEST CARS AUTO REPAIR
Somerville Address and Zip Code: 483 SOMERVILLE AVE - SOMERVILLE, MA
Phone Number of the Business: 617- 629- 0058

The Legal Name of the License Holder: EDMILSON ALVES VALENTINO
Street Address of the License Holder: 20 CYPRESS ST. #1
City, State and Zip Code of the License Holder: SOMERVILLE - 02143
Phone Number of the License Holder: 781- 953- 0302
Email Address of the License Holder: bostonbestcars@gmail.com

Where We Should Send Mail: Name: BBC AUTO REPAIR
Street Address: 483 SOMERVILLE AVE
City, State and Zip Code: SOMERVILLE AVE
Email: bostonbestcars@gmail.com
Phone Number: 617- 629- 0058

Federal ID # (Do Not Give a Social Security #): 264- 737- 682

Emergency Contact and Phone (For Fire Dept. Use): LUCIANA - 781- 632- 2484

Type of Business (Check Only One and Give the Names Indicated):
☒ Sole Proprietor: Name of Owner: EDMILSON ALVES VALENTINO
☐ Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

☐ Trust: Names of All Trustees Who Own More Than 10%: _____

☐ Corporation (inc. LLC): Name of President: _____
Name of Secretary: _____
Name of Treasurer: _____
Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Edmilson Alves Valentino Date: 4-13-2012

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.

Edison Valentin

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

✓ 264-737-682

** 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: Edmilson Alves Valentino
Address of taxpayer/applicant's business in Somerville: 483 - Somerville Ave. Somerville
Address of taxpayer/applicant's home in Somerville: 20 Cypress st. Somerville
Taxpayer/applicant's phone: day: 781-953-0302 evening: same

I, (print name) Edmilson Alves Valentino 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 13th day of APRIL, 20 12. Edmilson Alves Valentino
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input checked="" type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>02084040</u>	# <u>24902900</u>	# _____	# _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:





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: Edmilson Alves Valentino

address: 20. Cypress st - #1

city: Somerville

state: MA

zip: 02143

phone # 781. 953. 0302

work site location (full address): BBC Auto Repair- 483 Somerville Ave- Somerville- MA- 02143

☒ 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 _____ employees (full & part time). ☒ Other Auto Repair

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

company name:

address:

city:

phone #:

insurance co.

policy #

☐ 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 Edmilson Alves Valentino Date 4-13-2012

Print name Edmilson Alves Valentino Phone # 781. 953. 0302

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)