



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

2013 APR 24 P 1.38

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

SOUHAIL BERBARA
SIMON'S AUTO SERVICE
565 PLEASANT ST
NORWOOD, MA 02062

License #: 855

Fee: 40.00

Account ID: 477

Reference #: 855

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: For SIMON'S AUTO SERVICE Business Location: 166 BOSTON AVE Business Phone: 617-628-8383	
License Holder: SOUHAIL BERBARA SIMON'S AUTO SERVICE 565 PLEASANT ST NORWOOD, MA 02062 617-628-8383	
Mailing Address: SOUHAIL BERBARA 565 PLEASANT ST NORWOOD, MA 02062	
Business Type: SOLE PROPRIETORSHIP OWNER - SOUHAIL BERBARA	
FID: 445105632	
Food Manager/Emergency Contact: SOUHAIL BERBARA 781-888-4203	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **NOT APPLICABLE**

2 SPACES

Description of Location and/or Other Conditions:

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: *Souhail Berbara*

Date: 4-15-2013

Print Name: SOUHAIL BERBARA

Phone: 617-628 8383

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: SIMON'S AUTO SERVICE

Address: 166 BOSTON AVE

City: SOMERVILLE State: MA Zip: 02144 Phone #: 617-628 8383

- ☐ I am an employer with _____ 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: ASSOCIATED INDUSTRIES OF MASS. MUTUAL INSURANCE COMPANY

Address: 54 THIRD AVENUE

City: BURLINGTON State: MA Zip: 01803 Phone #: 800-876 2765

Policy #: AWC 7016 2200 12013 Expiration Date: 01-06-2014

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: 4-15-2013

Print Name: SOUHAIL BERBARA

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 _____

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
INFORMATION PAGE**
Associated Industries of Massachusetts Mutual Insurance Company
54 Third Avenue, Burlington, Massachusetts 01803
(800) 876-2765

NCCI NO 26158

POLICY NO.
PRIOR NO.

AWC 7016220012013
AWC 7016220012012

ITEM

1. The insured Souhail Barbara dba Simon's Auto Service

Mail Address: 166 Boston Avenue Somerville MA 02144

Street No. Town or City County State Zip Code

FEIN xxxxx0042

☒ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Association ☐ Other

Other workplaces not shown above:

2. The policy period is from 01/06/2013 to 01/06/2014 12:01 a.m. standard time at the insured's mailing address.
3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here;
MA
B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A.

The limits of our liability under Part Two are:

Bodily Injury by Accident \$	100,000 each accident
Bodily Injury by Disease \$	500,000 policy limit
Bodily Injury by Disease \$	100,000 each employee

C. Other States Insurance: Coverage Replaced By Endorsement WC 20 03 06A

D. This policy includes these endorsements and schedules: SEE SCHEDULE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating plans.
All information required below is subject to verification and change by audit.

Classifications		Premium Basis	Rates	
	Code No.	Estimated Total Annual Remuneration	Per \$100 Of Remuneration	Estimated Annual Premium
INTRA 322351				
SEE EXTENSION OF INFORMATION PAGE				

Minimum premium \$ 265.00

As indicated interim adjustments of premium shall be made:

☒ Annually ☐ Semi Annually ☐ Quarterly ☐ Monthly

Total Estimated Annual Premium \$ 265.00
Deposit Premium \$ 265.00

MA Assessment Chg.
\$86.00 x 4.2000% \$0.00



This policy, including all endorsements, is hereby countersigned by _____

Authorized Signature

12/11/2012
Date

GOV STATE	GOV CLASS	KIND AUDIT	PLACING OFFICE	CLAIM OFFICE	NAME CHECK	SAFETY GROUP
MA	8380	2	701			

Nicholas A Consoles Insurance
Agency Inc
153 Andover Street Suite 208
Danvers, MA 01923

WC 00 00 01 A (7-11)

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City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: SIMON'S AUTO SERVICE

Address of taxpayer/applicant's business in Somerville: 166 BOSTON AVE

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

Taxpayer/applicant's phone: day: 617-6288383 evening: _____

I, (print name) SOUHAIL BERBARA, 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 24 day of APRIL, 2013. [Signature]
(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: _____

1692 # N/A # 60 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

