



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

**PAST DUE**

2014 JUN -5 P 4:16

**CITY APPLICATION TO RENEW GARAGE LICENSE  
SOMERVILLE, MA**

**SANDRA HENRIQUEZ  
444 R SOMERVILLE AVE  
SOMERVILLE, MA 02143**

License #: **1053**  
City #170  
Fee: **550.00**  
Account ID: **827**  
Reference #: **1053**

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: <b>AUTOSAL</b> Business Location: <b>444R SOMERVILLE AVE</b> Business Phone: <b>617-623-6441</b>	
License Holder: <b>SANDRA HENRIQUEZ</b> <b>444 R SOMERVILLE AVE</b> <b>SOMERVILLE, MA 02143</b> <b>617-623-6441</b>	
Mailing Address: <b>SANDRA HENRIQUEZ</b> <b>444 R SOMERVILLE AVE</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>SOLE PROPRIETORSHIP</b> <b>OWNER - SANDRA HENRIQUEZ</b>	
FID: <b>999999999</b>	
Food Manager/Emergency Contact: <b>SANDRA HENRIQUEZ</b> <b>781-396-1346</b>	

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
- 15 VEHICLES INSIDE

Description of Location and/or Other Conditions:

**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: *Sandra Henriquez* Date: 06/05/14  
Print Name: Sandra Henriquez Phone: (617) 623-6441

**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: Autosal  
 Address: 444R Somerville Ave.  
 City: Somerville State: MA Zip: 02143 Phone #: (617) 623-6441

- 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 Mechanical Repairs

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: AIM Mutual Insurance Co.  
 Address: PO Box 4070  
 City: Burlington State: MA Zip: 01803 Phone #: (800) 876-2765  
 Policy #: AWC-400-7021343-2014A Expiration Date: 6/10/2015

**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: Patrol O Sarto Date: 6-5-2014  
 Print Name: Patrol O Sarto

*Official use only. Do not write in this area. To be completed by city or town official.*

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

- Board of Health  
 Building Department  
 City/Town Clerk  
 Licensing Board  
 Selectmen's Office  
 Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_





CITY OF SOMERVILLE, MASSACHUSETTS  
 Treasury Department  
 JOSEPH A. CURTATONE  
 MAYOR  
**CERTIFICATE OF GOOD STANDING**

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: \_\_\_\_\_

BUSINESS LOCATION: 444 R Somerville Ave. AND/OR

TAXPAYER'S HOME ADDRESS: 11 Cypress Rd Medford Ma. 02155

TAXPAYER/APPLICANT PHONE: DAY: 617-6236441 EVENING: 781 4261338

BUSINESS NAME: AUTOSAL

BUSINESS ID NUMBER: \_\_\_\_\_ BUSINESS PHONE: 617 6236441

I (print name) Rafael O. Sorto, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville 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 5th day of June, 20 14. Rafael O Sorto (Taxpayer's Signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: 6-5-14

TAXES AND ACCOUNT NUMBER(S)  
 \*\*REAL ESTATE ID      \*\*WATER/SEWER ID      \*\*PERSONAL PROPERTY      \*\*OTHER  
 \_\_\_\_\_ 242071001      1121      \_\_\_\_\_

NOTES:

CLERKS INITIALS: JLK

BUSINESS or BUILDING PERMIT

ORIGINAL STAMP

