

APPLICATION FOR AN OUTDOOR PARKING LICENSE

Application Fee \$20.00 per space

Date 4-10-2011

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 4/21/11 - MBS
Amount Paid \$40.00

- New Application
Renewing Application with Additions or Changes
[X] Renewing Application with NO Additions or Changes

Applicant's Legal Name: SOUHAIL BERBARA Phone: 617-6288383

Applicant's Address (with Zip Code): 565 PLEASANT ST, NORWOOD, MA 02062

Applicant's Email Address: SOUHAIL47@YAHOO.COM

Applicant's Federal Employer Identification Number: 44-5105632

Business DBA Name (if applicable): SIMON'S AUTO SERVICE

Business Location (with Zip Code): 166 BOSTON AVE, SOMERVILLE, MA 02144

Mailing Name (where we should send correspondence to): SOUHAIL BERBARA

Mailing Address (with Zip Code): 565 PLEASANT ST, NORWOOD, MA 02062

Emergency Contact: SOUHAIL BERBARA Phone: 781-8884203

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

IF A SOLE PROPRIETOR:

Owner's Name: SOUHAIL BERBARA

Address with Zip Code: 565 PLEASANT ST, NORWOOD, MA 02062

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:

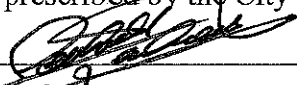
Address with Zip Code:

CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 APR 21 P 12:20

Square Footage of the Space to be Used for Parking: 600 Square Feet.

**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 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:  Date: 4-10-2011

Print Name: SOUHAIL BERBARA Phone: 617-628-8383

**FOR NEW OR EXPANDING APPLICANTS ONLY:**

**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

Maximum number of motor vehicles to be kept on the premises: \_\_\_\_\_

Signature: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

**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.



SOUHAIL BERBARA

\*Signature of Individual or Corporate Name (Mandatory)

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By: Corporate Officer (Mandatory, if a corporation)

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\*\*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: 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: 617-628 8383 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 \_\_\_\_\_ day of

APRIL, 20 11. \_\_\_\_\_  
(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: \_\_\_\_\_  
# 14494103      # \_\_\_\_\_      # 05810007      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: U

ORIGINAL STAMP:

**RECEIVED**  
A/21-1

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: SIMON'S AUTO SERVICE  
Address: 166 BOSTON AVE  
City: SOMERVILLE State: MA Zip: 02144 Phone #: 617-6288383

- 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 \_\_\_\_\_

Workers' compensation insurance information (if applicable):

Insurance Company Name: ASSOCIATED INDUSTRIES OF MASS MUTUAL INS. CO.  
Address: 54 THIRD AVENUE  
City: BURLINGTON State: MA Zip: 01803 Phone #: 800-8762765  
Policy #: AWC 7016 2200 12011 Expiration Date: 01-06-2012

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: 4-10-2011

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. AWC 7016220012011  
PRIOR NO. AWC 7016220012010

ITEM 1. The insured **Souhail Barbara dba Simon's Auto Service**  
Mail Address: **166 Boston Avenue Somerville MA 02144**  
Street No. **166** Town or City **Somerville** County **MA** State **MA** Zip Code **02144**  
FEIN **03-0680042**

Individual  Partnership  Corporation  Joint Venture  Association  Other

Other workplaces not shown above:

2. The policy period is from 01/06/2011 to 01/06/2012 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 6.8000% = \$0.00**



This policy, including all endorsements, is hereby countersigned by \_\_\_\_\_ 12/21/2010  
Authorized Signature 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 (11-88)

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