

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

ERIC SHAKES & EVERTON GAYLE
6 BEACH AVENUE
SOMERVILLE MA 02143

LIC #: 2012-207
B.O.A.# 162984

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: X Parking or Storing Vehicles:

Washing Vehicles: Spray Painting: X 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: CHICKEN & SHAKES AUTOMOTIVE TEL: 617-628-6622
Company Address: 00006 A-00006 B BEACH AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual Gov't Partner

Co: Corp: X Trust: Agency Ship Other

Owner Name: ERIC SHAKES & EVERTON GAYLE TEL: 781-396-9158

Owner Address: 6 BEACH AVENUE

Owner City: SOMERVILLE State: MA Zip: 02143

FID#: 013622800

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 #: 2012-207
FEE: \$550.00

This is to certify: ERIC SHAKES & EVERTON GAYLE
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 02/26/1998

Garage situated at: 00006 A-00006 B BEACH AV

Doing business as : CHICKEN & SHAKES AUTOMOTIVE

Shall not exceed: 8 Vehicles Inside

in addition the following restrictions apply:

BEACH AVE TO BE MAINTAINED AS AN OPEN PASSAGEWAY AND THE DUMPSTER TO
BE IN COMPLIANCE WITH THE IMPENDING NEW CITY ORDINANCE COVERING
DUMPSTERS.

APPROVED WITH STANDARD HOURS OF OPERATION BOA #180878, 4/11/2006

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

Check One: Owner Occupant Holder

ERIC SHAKES
Signature of Applicant

6 BEACH AV
Address

Somerville MA 02143
City State Zip

** Office Use Only **

Mailed

Taken ✓

Received: 4/9/12 - ms

\$550.00

ck# 14921

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: CHICKEN AND SHAKES Automotive
Somerville Address and Zip Code: 6 BEACH AV. SOMERVILLE MA 02143
Phone Number of the Business: 617 628 6622

The Legal Name of the License Holder: ERIC SHAKES
Street Address of the License Holder: 80 BRADBURY AV
City, State and Zip Code of the License Holder: MEDFORD MA
Phone Number of the License Holder: 857 251 7635
Email Address of the License Holder: _____

Where We Should Send Mail: Name: CHICKEN & SHAKES Automotive
Street Address: 6 BEACH AV
City, State and Zip Code: SOMERVILLE MA 02143
Email: _____
Phone Number: 857 251 7635

Federal ID # (Do Not Give a Social Security #): 043 40 7273

Emergency Contact and Phone (For Fire Dept. Use): 857 251-7634. 857 251-7635

Type of Business (Check Only One and Give the Names Indicated):

____ Sole Proprietor: Name of Owner: _____
☒ Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: ERIC SHAKES
EVERTON GAYLE
____ Trust: Names of All Trustees Who Own More Than 10%: ERIC SHAKES
EVERTON GAYLE
____ Corporation (inc. LLC): Name of President: ERIC SHAKES
Name of Secretary: EVERTON GAYLE
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.

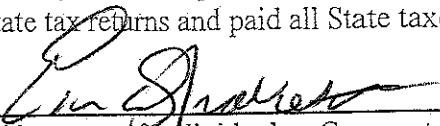
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:  Date 4-9-12

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)

043.40.7273
By: Corporate Officer (Mandatory, if a corporation)

** 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: CHICKEN & SHAKES Automotive

Address of taxpayer/applicant's business in Somerville: 6 BEACH AV

Address of taxpayer/applicant's home in Somerville: 6 BEACH AV

Taxpayer/applicant's phone: day: 617 628 6622 evening: 857 251 7635

I, (print name) ERIC SHAKES, 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 9 day of APRIL, 20 12. [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: _____
18586190 # 12404502 # 22 # _____
953

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: CHICKEN AND SHAKES Automotive
address: 6 BEACH AV
city: SOMERVILLE state: MA zip: 02143 phone # 617 628 6622

work site location (full address):

☐ 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 _____

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

company name: CHICKEN AND SHAKES Automotive
address: 6 BEACH AV
city: SOMERVILLE MAS 02143 phone #: 617 628 6622
insurance co. SELECTIVE INS policy # A 9094685

☐ 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: Eric Shakes Date: 4-9-12
Print name: ERIC SHAKES Phone #: 857 251 7635

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ ☐ Building Department

☐ check if immediate response is required

contact person: _____ phone #: _____ ☐ Licensing Board

(revised Sept. 2003)

☐ Selectmen's Office
☐ Health Department
☐ Other _____