

GARAGE LICENSE APPLICATION

2011 MAY 18 P 6:16

Application Fee \$500.00

Date 5/13/11

CITY CLERK'S OFFICE  
SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 5/19/11

Amount Paid \$500 + \$75

New Application

For the storage of 9 vehicles inside

Renewing Application with Additions or Changes

0 vehicles outside

Renewing Application with NO Additions or Changes

Applicant's Legal Name: Chambers Motorcars

Phone: 617-666-8333

Applicant's Address (with Zip Code): 71 Linewood Street, Somerville, MA

Applicant's Email Address: ssachetta@herbchambers.com

Applicant's Federal Employer Identification Number:

Business DBA Name (if applicable): Chambers Motorcars

Business Location (with Zip Code): 71 Linewood Street, Somerville, MA

Mailing Name (where we should send correspondence to): Law Offices of Richard G. Di Girolamo  
424 Broadway, Somerville, MA 02145

Mailing Address (with Zip Code): 424 Broadway, Somerville, MA 02145

Emergency Contact: Salvatore F. Sachetta

Phone: 978-866-5134

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

Corporation (inc. LLC)  Other

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Herb Chambers

Address with Zip Code: 259 McGrath Hwy, Somerville, MA

Partner's/Member's/Secretary's Name: Herb Chambers

Address with Zip Code: 259 McGrath Hwy, Somerville, MA

Partner's/Member's/Treasurer's Name: Herb Chambers

Address with Zip Code: 259 McGrath Hwy, Somerville, MA

1. Will you be open to the public at this location? Y  N
2. Will you be doing mechanical repairs of vehicles at this location? Y  N
3. Will you be doing autobody work on vehicles at this location? Y  N
4. Will you be spray painting vehicles or parts at this location? Y  N
5. Will you be washing vehicle at this location? Y  N
6. Will you be charging money to park vehicles at this location? Y  N
7. Will you be storing registered vehicles at this location? Y  N
8. Will you be storing unregistered vehicles at this location? Y  N
9. Will you be operating a tow vehicle at this location? Y  N

Have you ever obtained a garage license before? Y  N

If yes, list year, city and state 1986-Chambers Mortorcars, Somerville, MA

Have you ever been denied a garage license? Y  N

If yes, list year, city and state \_\_\_\_\_

Have you ever had a garage license revoked or suspended? Y  N

If yes, list year, city and state \_\_\_\_\_

Describe all of the premises to be used in the business: single story 10 sq. ft. building

The hours of operation for garages are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

---



---

**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 only be effective for the listed location, will expire on April 30, and 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: [Signature] Date May 16, 2011

Business Name: Salvatore F. Sachetta Chambers Motorcars/Herb Chambers Companies

Business Address: 71 Linewood Street, Somerville, MA 02145

**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

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the State Building Code. (NOTE: This statement is NOT a certificate of occupancy, nor does it replace the requirement for a certificate of occupancy.)

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

Signature: [Signature] Date: May 17-2011

Print Name: Emmie Murro Title: Superintendent.

**FIRE PREVENTION BUREAU RECOMMENDATION**

I have inspected the premises mentioned above and based on my inspection:

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the Fire Safety Code. (NOTE: This statement is NOT a storage of flammables permit, nor does it replace the requirement for a storage of flammables permit.)

- A 148 sec. 13 License is required
- A 148 sec. 13 License is NOT required

Signature: [Signature] Date: 5/17/11

Print Name: ROBERT MACLAUGHLIN Title: FIRE LIEUTENANT


**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.

**Chambers Motorcars/Herb Chambers Companies**

---

\*Signature of Individual or Corporate Name (Mandatory)

 **Herb Chambers, President**

---

By: Corporate Officer (Mandatory, if a corporation)

061-335-996

---

\*\*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: Herb Chambers

Address of taxpayer/applicant's business in Somerville: 71 Linewood Street, Somerville, MA

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: \_\_\_\_\_ evening: \_\_\_\_\_

I, (print name) \_\_\_\_\_, 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 16 day of May, 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: \_\_\_\_\_  
# 09200158      # 14503100      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

**RECEIVED**  
5-18-11

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: Chambers Motorcars/Herb Chambers Companies

Address: 71 Linewood Street

City: Somerville State: MA Zip: 02145 Phone #: 617-666-8333

- 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 Motor vehicle repairs

Workers' compensation insurance information (if applicable):

Insurance Company Name: Liberty Mutual Insurance Company

Address:

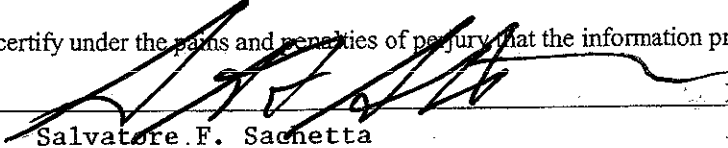
City: State: Zip: Phone #: 781-939-2056

Policy #: WA7-ZID-257840-029 Expiration Date: 9/30/11

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:  Date: May 16, 2011

Print Name: Salvatore F. Sachetta

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 \_\_\_\_\_