

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

ALBERT REILLY
75 LAWRENCE STREET
CHARLESTOWN MA 02129

LIC #: 2012-103
B.O.A.# #163211

*** 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: 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: REILLY'S GARAGE TEL: 617-776-4779
Company Address: 00061 -00063 WASHINGTON ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: X Co: Corp: Trust: Agency: Ship: Other:
Gov't Partner

Owner Name: ALBERT REILLY TEL: 617-242-5244

Owner Address: 75 LAWRENCE STREET

Owner City: CHARLESTOWN State: MA Zip: 02129

FID#: 018282688

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-05:30 PM
SATURDAY: 08:00 AM-04:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2012-103
FEE: \$550.00

This is to certify: ALBERT REILLY
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 08/27/1981

Garage situated at: 00061 -00063 WASHINGTON ST

Doing business as : REILLY'S GARAGE

Shall not exceed: 2 Vehicles Inside & 6 Vehicles Outside, not on public ways
in addition the following restrictions apply:

NO SPRAY PAINTING

CITY CLERK'S OFFICE
SOMERVILLE, MA
2012 MAR 21 P 1:49

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

Check One: Owner Occupant Holder

Albert Reilly
Signature of Applicant

75 LAWRENCE ST
Address

CHARLESTOWN MA 02129
City State Zip

** Office Use Only **
Mailed
Taken
Received: CR 2310
8550-
City Clerk

IMPORTANT

#651
REF 768

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:	REILLY'S GARAGE
Somerville Address and Zip Code:	63 WASHINGTON ST
Phone Number of the Business:	617 776 4779

The Legal Name of the License Holder:	ALBERT REILLY
Street Address of the License Holder:	75 LAWRENCE ST
City, State and Zip Code of the License Holder:	CHARLESTOWN MA. 02129
Phone Number of the License Holder:	617 519 4171
Email Address of the License Holder:	NONE

Where We Should Send Mail: Name:	ALBERT REILLY
Street Address:	75 LAWRENCE ST
City, State and Zip Code:	CHARLESTOWN MA.
Email:	NONE
Phone Number:	617 519 4171

Federal ID # (Do Not Give a Social Security #):	
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Emergency Contact and Phone (For Fire Dept. Use):	ALBERT REILLY 617 519 4171
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Type of Business (Check Only One and Give the Names Indicated):
<input checked="" type="checkbox"/> Sole Proprietor: Name of Owner: ALBERT REILLY
<input type="checkbox"/> Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:
<input type="checkbox"/> Trust: Names of All Trustees Who Own More Than 10%:
<input type="checkbox"/> Corporation (inc. LLC): Name of President:
Name of Secretary:
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: Albert Reilly Date 3/21/2012

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.

Albert Sully

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

018/28/2688

** 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: Reillys Garage

Address of taxpayer/applicant's business in Somerville: 63 WASHINGTON ST

Address of taxpayer/applicant's home in Somerville: NONE

Taxpayer/applicant's phone: day: 617-519-4171 evening: SAME

I, (print name) ALBERT REILLY, 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 21 day of

MARCH, 2012. Albert Reilly
(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: _____
15453 # 109104011 # 1304 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED
UBanan
3-20-12



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: ALBERT Reilly
 address: 75 LAWRENCE ST
 city: CHARLESTOWN state: MA zip: 02129 phone # 617 519 4171

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: _____
 address: _____
 city: _____ phone #: _____
 insurance co. _____ policy # _____

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: Albert Reilly Date: 3/21/2012
 Print name: ALBERT Reilly Phone #: 617 519 4171

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

city or town: _____ permit/license # _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____
 check if immediate response is required
 contact person: _____ phone #: _____
 (revised Sept. 2003)