



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

2014 MAY 14 A 11: 54

CITY CLERK'S OFFICE
SOMERVILLE, MA**APPLICATION TO RENEW GARAGE LICENSE**

COUNTY AUTO REPAIR, INC.
103 WASHINGTON ST.
SOMERVILLE, MA 02143

License #: 1054

City #232

Fee: 550.00

Account ID: 828

Reference #: 1054

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: COUNTY AUTO REPAIR, INC. Business Location: 103 WASHINGTON ST Business Phone: 617-628-3600	
License Holder: COUNTY AUTO REPAIR, INC. 103 WASHINGTON ST. SOMERVILLE, MA 02143 617-628-3600	
Mailing Address: COUNTY AUTO REPAIR, INC. 103 WASHINGTON ST. SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - ANTONIO MARTINS SECRETARY - ANTONIO MARTINS TREASURER - ANTONIO MARTINS	
FID: 202704235	
Food Manager/Emergency Contact: ANTONIO MARTINS 617-440-5646	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 9AM-5PM, SA 8AM-12PM**

OPEN TO THE PUBLIC

- 1 MECHANICAL REPAIRS
- 4 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: Antonio M. Martins

Date

05/14/14Print Name: Antonio M. MARTINS

Phone

617- 628-3600



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: County auto Repaire Inc

Address of taxpayer/applicant's business in Somerville: 103 Washington ST

Address of taxpayer/applicant's home in Somerville: 107 Washington ST

Taxpayer/applicant's phone: day: 617-628-3600 evening: 617-440-5646

I, (print name) Antonio M. MARTINS, 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 14 day of may, 2014. Antonio M Martins
(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: _____

15697 # 109116001 # 1265 # _____

NOTES:

CLERK'S INITIALS: JK

ORIGINAL STAMP:

received
5-14-14

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: Antonio m MARTINS

Address: 107 Washington ST

City: Somerville

State: MA

Zip: 02143 Phone #:

☐ 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: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

Policy #: _____

Expiration Date: _____

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: _____

Print Name: _____

Antonio m. martins

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 _____