

CITY OF SOMERVILLE
 Commonwealth of Massachusetts
 93 Highland Avenue
 Somerville, MA 02143
 (617) 625-6600

2015 APR 13 P 1:44

Application to Renew Flammables License

GE & M AUTO SERVICE INC.
395 ALEWIFE BROOK PKWY
SOMERVILLE MA 02144

CITY CLERK'S OFFICE
License #: H.C.C. BL15-000880
File #: 15-25
Fee: 550

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: GE & M AUTO SERVICE INC. Business Location: 395 ALEWIFE BROOK PKWY Business Phone: 617-623-9615	
License Holder: GE & M AUTO SERVICE INC. 395 ALEWIFE BROOK PKWY SOMERVILLE MA 02144	
Mailing Address: GE & M AUTO SERVICE INC. 395 ALEWIFE BROOK PKWY SOMERVILLE MA 02144	
Business Type: Corporation ELIAS MIKHAEL GEORGE MIKHAEL ELIAS MIKHAEL	
FID: 043564703	
Emergency Contact: GEORGE MIKHAEL Phone: 617-372-0648	
# of Gallons of Flammables to be Stored: 32950 Describe Flammables to be Stored: Not yet provided. Proposed Hours of Operation: Not yet provided.	

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:  Date: 4.13.15

Printed Name: Elias Mikhael Phone: 617-623-9615



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING


Exact name of taxpayer/applicant's business: GE 3 M Auto Service Inc.

Address of taxpayer/applicant's business in Somerville: 395 Alewife Brook Pkwy.

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-623-9615 evening: 617-372-0648

I, (print name) Elias Michael, 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 13th day of April, 2015. 
(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: _____

335 # 346054001 # 14 # _____

NOTES:

CLERK'S INITIALS: 

ORIGINAL STAMP: 

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: GE & M Auto Service Inc.
 Address: 395 Alwile Brook Pkwy.
 City: Somerville State: Ma. Zip: 02144 Phone #: 617-623-9615

- I am an employer with 6 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
 We are a nonprofit organization staffed by volunteers and have no employees. Entertainment
 We are a nonprofit organization staffed by volunteers and have no employees. Manufacturing
 We are a nonprofit organization staffed by volunteers and have no employees. Health Care
 Other Gas station & Auto Repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: Ma. Retail Merchant WC Group Inc.
 Address: P.O. Box 900 859222 - 9222
 City: Braintree State: Ma. Zip: 02185 Phone #: 781-843-0005
 Policy #: 014005032305115 Expiration Date: 01/01/16

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: *Elias Michael* Date: 4.13.15
 Print Name: Elias Michael

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____ Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____
 Contact Person: _____ Phone #: _____

Insurer:
 MA Retail Merchants WC Group Inc.
 PO Box 859222-9222
 Braintree, MA 02185
 (Carrier Code: 34355)

PRODUCER: Agent# 5960
 Association Benefits Insurance Age
 299 Ballardvale St, Suite 1
 Wilmington, MA 01887
 Carrier Policy #: 014005032305115
 Carrier Prior Policy #: 014005032305114

1. The Insured: G. E & M Auto Service, Inc.
 Parkway Sunoco
 Mailing Address: 395 Alewife Brook Pkwy
 Somerville, MA 02144

Fein: 043564703

Other workplaces not shown above:
 NO OTHER WORKPLACES FOR THIS POLICY

Type of Business: Corporation
 Risk ID:

2. The policy period is from 12:01 a.m. on 1/01/2015 to 12:01 a.m. on 1/01/2016
 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:

D. This policy includes these endorsements and schedules:
 WC000000B(07/11) WC000310(04/84) WC000414(07/90) WC000422A(09/08) WC200301(04/84)
 WC200302(05/86) WC200303B(07/99) WC200405(06/01) WC200601(06/92)

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	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
SEE SCHEDULE OF OPERATIONS				
Total Estimated Annual Premium \$		1,798.00		
Minimum Premium \$	273.00	Expense Constant	.00	Deposit Premium