



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

APPLICATION TO RENEW USED CAR DEALER CLASS 1 LICENSE

**HERB CHAMBERS I-93 INC
SMART CENTER BOSTON
257 MCGRATH HWY
SOMERVILLE, MA 02143**

License #: 3
Fee: .00
Account ID: 5
Reference #: 3

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: SMART CENTER BOSTON Business Location: 257 MCGRATH HWY Business Phone: 617-666-4100	
License Holder: HERB CHAMBERS I-93 INC SMART CENTER BOSTON 257 MCGRATH HWY SOMERVILLE, MA 02143 617-666-4100	
Mailing Address: HERB CHAMBERS I-93 INC SMART CENTER BOSTON 257 MCGRATH HWY SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) SECRETARY - BRUCE SPATZ PRESIDENT - HERBERT CHAMBERS TREASURER - HERBERT CHAMBERS	
FID: 061335996	
Food Manager/Emergency Contact: JEFF DAVIS	

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

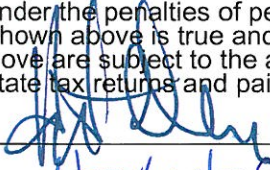
Hours: **M-R 7-9 F 7-7 Sa 8-5 Su 11- 5**

**5 VEHICLES
5 VEHICLES INSIDE**

Description of Location and/or Other Conditions:

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: 11/7/14
Print Name: Herbert G Chambers Phone: 617 666 4100



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Herk Chambers L-93 Inc

Address of taxpayer/applicant's business in Somerville: 259 W. Crockett Highway

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

Taxpayer/applicant's phone: day: 617 626 4180 evening: _____

I, (print name) Herbert G Chambers, 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 November, 2014. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 11-10-14 INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

9880 # 145051001 # 773 # _____

NOTES:

CLERK'S INITIALS: JK

ORIGINAL STAMP:  **RECEIVED**
11-10-14 [Signature]

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: Herb Chambers I-93-516
Address: 259 of O'Connell Highway
City: Somerville State: MA Zip: 02143 Phone #: 617-646-4110

- I am an employer with 110 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: Travelers Insurance
Address: PO Box 1450
City: Middleboro State: MA Zip: 02344 Phone #: 800-872-7839
Policy #: TCZKU.B101D254914 Expiration Date: 9/28/15

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: [Signature] Date: 11/9/14
Print Name: Herbert B Chambers

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 _____