



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

**Application to Renew Garage License**

**HAWKINS STREET AUTOMOTIVE CO., INC.**  
**9 HAWKINS ST**  
**SOMERVILLE MA 02143**

**License #:** BL15-000607  
**File #:** 15-496  
**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)  |
|--|---|
| <b>Business/DBA Name:</b> HAWKINS STREET AUTOMOTIVE CO., INC.<br><b>Business Location:</b> 9 HAWKINS ST<br><b>Business Phone:</b> 617-623-9552   |   |
| <b>License Holder:</b> HAWKINS STREET AUTOMOTIVE CO., INC.<br>9 HAWKINS ST<br>SOMERVILLE MA 02143  |   |
| <b>Mailing Address:</b> HAWKINS STREET AUTOMOTIVE CO., INC.<br>9 HAWKINS ST<br>SOMERVILLE MA 02143   |   |
| <b>Business Type:</b> Corporation<br>MICHAEL PISARI<br>MICHAEL PISARI<br>MICHAEL PISARI  |   |
| <b>FID:</b> 042455674  |   |
| <b>Emergency Contact:</b> MICHAEL PISARI<br><b>Phone:</b> 978-604-2717   |   |
| <b>Proposed Hours of Operation if outside standard hours:</b><br>MO-FR 8AM-6PM, SA 8AM-2PM<br><b># of Vehicles Kept Inside:</b> 4<br><b># of Vehicles Kept Outside:</b> 8<br><b>Open to the public?</b> Yes<br><b>Mechanical repairs?</b> Yes<br><b>Autobody work?</b> No<br><b>Spray Painting?</b> No<br><b>Washing vehicles?</b> No<br><b>Charging money to store vehicles?</b> No<br><b>Storing unregistered vehicles?</b> No<br><b>Maintaining or operating a tow vehicle at this location?</b> No | <div style="text-align: center;"> <p>CITY CLERK'S OFFICE<br/>             SOMERVILLE, MA</p> <p>2015 APR 13 10:30 AM</p> </div> |

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: Michael Pisari Date: 4-4-15



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Hawkins ST Automotive co Inc  
Address of taxpayer/applicant's business in Somerville: 9 Hawkins ST Somerville MA  
Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_  
Taxpayer/applicant's phone: day: 617 623 9552 evening: 978 604 2717

I, (print name) Michael Pisani, 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 4 day of April, 20 15. Michael Pisani  
(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: \_\_\_\_\_

# 7012      # 233023011 # 488      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: 

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: Hawkins ST Automotive Co Inc

Address: 9 Hawkins ST

City: Somerville State: MA Zip: 02143 Phone #: 617 6239532

- I am an employer with 1 employees **Business Type:**  Retail  
(full and/or part time).  Restaurant/Bar/Eating Establishment  
 I am a sole proprietor or partnership and have no  Office and/or Sales (real estate, auto, etc.)  
employees.  Nonprofit  
 We are a corporation that has exercised our right of  Entertainment  
exemption per c152 s1(4), and have no employees.  Manufacturing  
 We are a nonprofit organization staffed by  Health Care  
volunteers and have no employees.  Other AUTO Repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: Public Service Insurance Company

Address: one Park Avenue New York

City: New York State: NY Zip: 10016 Phone #: \_\_\_\_\_

Policy #: WC 006590 Expiration Date: 12-18-15

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: Michael A Pisari Jr Date: 4-3-15

Print Name: Michael A Pisari Jr

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 #: \_\_\_\_\_