



## CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

605.00

### Application to Renew Garage License

**GREEN AUTOMOTIVE INC**  
**600 WINDSOR PLACE**  
**SOMERVILLE MA 02143**

**License #:** BL15-000782

**File #:** 15-664

**Fee:** 605

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> GREEN AUTOMOTIVE INC <b>Business Location:</b> 600 WINDSOR PL <b>Business Phone:</b> 617-628-1081	
<b>License Holder:</b> GREEN AUTOMOTIVE INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
<b>Mailing Address:</b> GREEN AUTOMOTIVE INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
<b>Business Type:</b> Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
<b>FID:</b> 042660924	
<b>Emergency Contact:</b> CHERYL HORAN <b>Phone:</b> 978-273-3777	
<b>Proposed Hours of Operation if outside standard hours:</b> MO-FR 8AM-6PM, SA 8AM-2PM <b># of Vehicles Kept Inside:</b> 50 <b># of Vehicles Kept Outside:</b> 40 <b>Open to the public?</b> Yes <b>Mechanical repairs?</b> Yes <b>Autobody work?</b> No <b>Spray Painting?</b> No <b>Washing vehicles?</b> No <b>Charging money to store vehicles?</b> Yes <b>Storing unregistered vehicles?</b> No <b>Maintaining or operating a tow vehicle at this location?</b> Yes	

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.



2015 APR 14 P 12:04

City of Somerville, Massachusetts  
Finance Department, Treasury Division

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: \_\_\_\_\_

Address of taxpayer/applicant's business in Somerville: 600 Windsor St.

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-712-8585 evening: \_\_\_\_\_

I, (print name) \_\_\_\_\_, 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: Arbeller INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

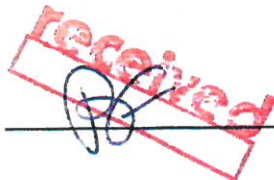
☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: \_\_\_\_\_

# N/A # N/A # 1296 # \_\_\_\_\_

**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 Businesses**

**Applicant information:**

Name: Green Automotive, Inc.  
Address: 600 Windsor Place  
City: Somerville State: Ma Zip: 02143 Phone #: (617) 628-2222

☒ I am an employer with 24 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 Auto Repair

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Arbella  
Address: 1100 Crown Colony Drive  
City: Quincy State: Ma Zip: 02169 Phone #: (508) 297-0484  
Policy #: 42200538331 Expiration Date: 04/01/17

**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: Gerald R. Chaille

*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 \_\_\_\_\_

(revised Jan. 2008)