



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

2016 APR 29 A 10:26

Application to Renew Garage License

CITY CLERK'S OFFICE
SOMERVILLE, MA

PCJ AUTO SERVICE, INC.
141 MIDDLESEX AVENUE
MEDFORD MA 02155

License #: BL15-000735
File #: 15-618
Fee: 605

TAX 261691140

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: GOOD GAS SOMERVILLE Business Location: 343 MEDFORD ST Business Phone: 617-776-0590	
License Holder: PCJ AUTO SERVICE, INC. 141 MIDDLESEX AVENUE MEDFORD MA 02155	
Mailing Address: RAFAEL E. CASTILLO 141 MIDDLESEX AVENUE MEDFORD MA 02155	
Business Type: Corporation RAFAEL CASTILLO TERESA CASTILLO TERESA CASTILLO	
FID: 261691140	
Emergency Contact: RAFAEL CASTILLO Phone: 617-823-0021	
Proposed Hours of Operation if outside standard hours: MO-FR 6AM-8PM, SA 6AM-7PM # of Vehicles Kept Inside: 2 # of Vehicles Kept Outside: 5 Open to the public? Yes Mechanical repairs? Yes Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? Yes Storing unregistered vehicles? Yes Maintaining or operating a tow vehicle at this location? No	

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.



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: PCJ AUTO SERVICE INC
DBA GOOD GAS SOMERVILLE

Address of taxpayer/applicant's business in Somerville: 345 MEDFORD ST

Address of taxpayer/applicant's home in Somerville: 345 MEDFORD ST.

Taxpayer/applicant's phone: day: 617 760590 evening: 617 823002

I, (print name) RAFAEL E CASTILLO, 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 28 day of APRIL, 2016. Rafael Castillo
(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: _____

893 # 145056001 # 10062 # _____

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:

(Barra)
4-29-16

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: 1 PC Auto Services DBA Good Gas
 Address: 345 MEDFORD ST.
 City: SOMERVILLE State: MA Zip: 02145 Phone #: 617 776 0590

- 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
 Entertainment
 Manufacturing
 Health Care
 Other GAS STATION
GARAGE REPAIRS

Workers' compensation insurance information (if applicable):

Insurance Company Name: TRAVELERS
 Address: P.O Box 1450
 City: MIDDLEBORO State: MA Zip: 02344 Phone #: 781 646 9300
 Policy #: 1841Y 5145 Expiration Date: 07-16

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: [Signature] Date: 4/29/16
 Print Name: RAFAEL E CASTILLO

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 _____