



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

**APPLICATION TO RENEW GARAGE LICENSE**

**GE AUTO REPAIR, INC.  
631 SOMERVILLE AVE  
SOMERVILLE, MA 02143**

License #: **761**  
City # **G250**  
Fee: **550.00**  
Account ID: **644**  
Reference #: **761**

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: <b>GE AUTO REPAIR, INC.</b> Business Location: <b>631 SOMERVILLE AVE</b> Business Phone: <b>781-831-1034</b>	
License Holder: <b>GE AUTO REPAIR, INC.</b> <b>631 SOMERVILLE AVE</b> <b>SOMERVILLE, MA 02143</b> <b>781-831-1034</b>	
Mailing Address: <b>GE AUTO REPAIR, INC.</b> <b>631 SOMERVILLE AVE</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - GEOMARES CANDIDO</b> <b>SECRETARY - GEOMARES CANDIDO</b> <b>TREASURER - GEOMARES CANDIDO</b>	
FID: <b>272503627</b>	
Food Manager/Emergency Contact: <b>GEOMARES CANDIDO</b> <b>781-426-1256</b>	

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

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

**OPEN TO THE PUBLIC**

- 1 MECHANICAL REPAIRS**
- 1 STORING VEHICLES**
- 14 VEHICLES INSIDE**

Description of Location and/or Other Conditions:

**Originally Issued 2/8/2007. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.**

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: Geomares Candido Date 03/17/14  
Print Name: GEOMARES JOSE CANDIDO Phone 781 831 1034



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: GE AUTO REPAIR INC  
Address of taxpayer/applicant's business in Somerville: 631 SOMERVILLE AVE  
Address of taxpayer/applicant's home in Somerville: 627 SOMERVILLE AVE  
Taxpayer/applicant's phone: day: 781-831-1034 evening: 781 831 1034

I, (print name) GEO MARES SOSE LANDO 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 MARCH, 2014. \*Gemma Lando  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: 3-17-14 INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

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

Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_  
# \_\_\_\_\_      # 841 04101      # 1157      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: e

ORIGINAL STAMP:   
*Not Responsible*

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: GEOMARES JOSE CANDIDO  
Address: 627 SOMERVILLE AVE  
City: SOMERVILLE State: MASS Zip: 02143 Phone #: 781-831-1034

- I am an employer with \_\_\_\_\_ 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: THE TRAVELERS INSURANCE COMPANIES  
Address: P.O. Box 1450  
City: MIDDLEBORO State: MA Zip: 02344 Phone #:  
Policy #: IHUB-7B10785-9-13 Expiration Date: 04-05-14

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: Geomares J. Candido Date: 03/17/14  
Print Name: GEOMARES JOSE CANDIDO

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 \_\_\_\_\_