



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

### Application to Renew Outdoor Parking License

**SOUHAIL BERBARA**  
565 PLEASANT ST  
NORWOOD MA 02062

License #: BL15-000855  
File #: 15-477  
Fee: 40

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> SOUHAIL BERBARA<br><b>Business Location:</b> 166 BOSTON AVE<br><b>Business Phone:</b> 617-628-8383 |  |
| <b>License Holder:</b> SOUHAIL BERBARA<br>565 PLEASANT ST<br>NORWOOD MA 02062  |  |
| <b>Mailing Address:</b> SOUHAIL BERBARA<br>565 PLEASANT ST<br>NORWOOD MA 02062   |  |
| <b>Business Type:</b> Sole Proprietor<br>SOUHAIL BERBARA   |  |
| <b>FID:</b> 445105632  |  |
| <b>Emergency Contact:</b> SOUHAIL BERBARA<br><b>Phone:</b> 781-888-4203  |  |
| <b># Vehicles to be Stored:</b> 2  |  |

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: 4-09-2015

Printed Name: SOUHAIL BERBARA

Phone: 781-8884203

CITY CLERK'S OFFICE  
SOMERVILLE, MA

2015 APR 14 P 12:01



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: SIMON'S AUTO SERVICE

Address of taxpayer/applicant's business in Somerville: 166 BOSTON AVE

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

Taxpayer/applicant's phone: day: 6176288333 evening: \_\_\_\_\_

I, (print name) SOUHAIL BERBARA, 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 9 day of APRIL, 2015.

[Signature]  
(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: \_\_\_\_\_

# 1707      # N/A      # 166      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: OR

ORIGINAL STAMP:

OR  
44475

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: SIMON'S AUTO SERVICE

Address: 166 BOSTON AVE

City: SOMERVILLE State: MA Zip: 02144 Phone #:

- I am an employer with 0 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

Workers' compensation insurance information (if applicable):

Insurance Company Name: AIM MUTUAL INSURANCE COMPANY

Address: 54 THIRD AVENUE

City: BURLINGTON State: MA Zip: 01803 Phone #: 900-376-2765

Policy #: AWC-400-7016220-2015 A Expiration Date: 01-06-2016

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: 4-09-2015

Print Name: SOUHAIL BERBARA

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

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY  
INFORMATION PAGE

**A.I.M. Mutual Insurance Company**

54 Third Avenue, Burlington, Massachusetts 01803-0970

(800) 876-2765

NCCI NO 26158

POLICY NO. AWC-400-7016220-2015A  
PRIOR NO. AWC-400-7016220-2014A

ITEM

1. The Insured: Souhail Barbara  
DBA: Simon's Auto Service  
Mailing address: 166 Boston Avenue  
Somerville, MA 02144

FEIN: \*\*-\*\*\*5632

Legal Entity Type: Sole Proprietor

Other workplaces not shown above:

2. The policy period is from 01/06/2015 to 01/06/2016 12:01 a.m. standard time at the insured's mailing address.
3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MA  
B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A.

The limits of liability under Part Two are:

|                           |    |                |               |
|---------------------------|----|----------------|---------------|
| Bodily Injury by Accident | \$ | <u>100,000</u> | each accident |
| Bodily Injury by Disease  | \$ | <u>500,000</u> | policy limit  |
| Bodily Injury by Disease  | \$ | <u>100,000</u> | each employee |

C. Other States Insurance: Coverage Replaced by Endorsement WC 20 03 06 B

D. This Policy includes these Endorsements and Schedules: SEE SCHEDULE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

| Classifications |          | Premium Basis                       | Rates                     |                          |
|-----------------|----------|-------------------------------------|---------------------------|--------------------------|
|                 | Code No. | Estimated Total Annual Remuneration | Per \$100 Of Remuneration | Estimated Annual Premium |
| INTRA           | 322351   |                                     |                           |                          |
| INTER           |          | SEE CLASS CODE SCHEDULE             |                           |                          |

Minimum Premium \$273

|           |           |
|-----------|-----------|
| GOV STATE | GOV CLASS |
| MA        | 8380      |

Total Estimated Annual Premium \$273  
Deposit Premium \$273

State Assessments/Surcharges  
\$.00 x 5.8000% \$

This policy, including all endorsements, is hereby countersigned by



Authorized Signature

12/18/2014

Date

Service Office:  
54 Third Avenue  
Burlington MA 01803

Nicholas A Consoles Insurance Agency Inc  
153 Andover Street Suite 208  
Danvers, MA 01923

WC 00 00 01 A (7-11)

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