

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

GEOMARES JOSE CANDIDO
627 SOMERVILLE AVENUE
SOMERVILLE MA 02143

LIC #: 2012-250
B.O.A.# 189776

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: Parking or Storing Vehicles: XWashing Vehicles: Spray Painting: Operating a Tow Vehicle:

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
This Certificate must be signed and filed with the required fee of \$550.00 not
later than April 30, 2012. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current
records below. Please print or type your information, except for signature.

Company Name: GE AUTO REPAIR, INC.TEL: 781-831-1034Company Address: 00631 SOMERVILLE AVCity: SOMERVILLE State: MA Zip: 02143

Check One:

Individual: Co: Corp: X Trust: Agency Ship Other Owner Name: GEOMARES JOSE CANDIDOTEL: 781-831-1034Owner Address: 627 SOMERVILLE AVENUEOwner City: SOMERVILLE State: MA Zip: 02143FID#: 932733028

This renewal is being sent to you as a courtesy, please file on time. If this
renewal is not returned to City Clerk's office by 04/30/2012, please advise.

***** HOURS OF OPERSTIONS *****

MONDAY-FRIDAY: 08:00 AM-06:00 PM

SATURDAY: 08:00 AM-02:00 PM

SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE # 2012-250
FEE \$550.00

This is to certify: GEOMARES JOSE CANDIDO
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 02/08/2007

Garage situated at: 00631 SOMERVILLE AVDoing business as : GE AUTO REPAIR, INC.Shall not exceed: 14 Vehicles Inside

in addition the following restrictions apply:

APPROVED AS AMENDED: HOURS SEE BELOW 5/28/2009 BOA #187613 CANCELLED

NEW OWNERS BOA #189776 6/10/2010

This renewal certificate must be signed by the holder of the license.

Check One: Owner Occupant Holder

Signature of Applicant

Address

City State Zip

** Office Use Only **

Mailed Taken Received:

City Clerk

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: GE AUTO Repair, Inc
Somerville Address and Zip Code: 631 Som. Ave
Phone Number of the Business: 781-831-1034

The Legal Name of the License Holder: Geomares JOSE CANDIDO
Street Address of the License Holder: 623 Som. Ave
City, State and Zip Code of the License Holder: Som MA
Phone Number of the License Holder: 617-718-0699
Email Address of the License Holder: _____

Where We Should Send Mail: Name: House
Street Address: 623 Som. Ave
City, State and Zip Code: Som MA
Email: _____
Phone Number: _____

Federal ID # (Do Not Give a Social Security #): 272 503 627

Emergency Contact and Phone (For Fire Dept. Use): (781) 426 1256

Type of Business (Check Only One and Give the Names Indicated):
☐ Sole Proprietor: Name of Owner: _____
☐ Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
☐ Trust: Names of All Trustees Who Own More Than 10%: _____
☒ Corporation (inc. LLC): Name of President: Geomares J. Candido
Name of Secretary: Sam
Name of Treasurer: Sam
Other (Attach a Description of the Form of Ownership and the Names of Owners) _____

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by law for this business.

✓ License Holder Signature: Geomares J. Candido Date 04/05/12

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

✓ Gusman / Jones
* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

✓ 272 503 627
** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

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: 623 SOMERVILLE AVE
Taxpayer/applicant's phone: day: 781 831 1034 evening: 617-718 06 99

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: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

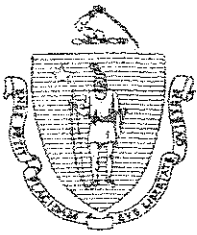
13686 # 241041011 # 1182 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP: 

RECEIVED
UB
4-5-12



The Commonwealth of Massachusetts

Department of Industrial Accidents

Office of Investigations

600 Washington Street, 7th Floor

Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: GEOMARES JOSE CANDIDO
address: 623 SOMERVILLE AVE
city: SOMERVILLE state: MA zip: 02155 phone #: 781 831 1034

work site location (full address):

- ☒ I am a sole proprietor and have no one working in any capacity. Business Type: ☐ Retail ☐ Restaurant/Bar/Eating Establishment
☐ Office ☐ Sales (including Real Estate, Autos etc.)
☐ I am an employer with _____ employees (full & part time). ☐ Other
☐ I am an employer providing workers' compensation for my employees working on this job.

company name:

address:

city:

phone #:

insurance co.

policy #

- ☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: GE. AUTO REPAIR
address: 631 SOMERVILLE AVE
city: SOMERVILLE phone #: 781 831 1034
insurance co. policy #

company name:

address:

city:

phone #:

insurance co.

policy #

Attach additional sheet if necessary

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: Geomar Candido Date: 04/05/12
Print name: GEOMARES J CANDIDO Phone #: 781 831 1034

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ ☐ Building Department

☐ check if immediate response is required

contact person: _____ phone #: _____ ☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other _____

(revised Sept. 2003)



GEAUT-1

OP ID: MC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/11/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MassPay Insurance Services, LLC 27 Garden Street Unit 1B Beverly, MA 01915 Jason Maxwell	978-998-6896	CONTACT NAME:	
	978-998-6897	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Travelers Insurance	10647
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						\$
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below			UB-7B107859	04/05/12	04/05/13	E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of Insurance

CERTIFICATE HOLDER

City Hall of Somerville
93 Highland Ave
Somerville, MA 02143

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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