

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

MANUEL A. SOARES
819 MAIN STREET
READING MA 01867

LIC #: 2010-092
B.O.A.# 180847

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: \_\_\_ Parking or Storing Vehicles: \_\_\_

Washing 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 \$500.00 not
later than April 30, 2010. 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: SOMERVILLE AUTO REPAIR TEL: 617-625-1779
Company Address: 00453 SOMERVILLE AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: \_\_\_ Co: \_\_\_ Corp: X Trust: \_\_\_ Agency \_\_\_ Ship \_\_\_ Other \_\_\_
Gov't Partner
Owner Name: MANUEL A. SOARES TEL: 781-831-5387
Owner Address: 819 MAIN STREET

Owner City: READING State: MA Zip: 01867

FID#: 205376377

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 04/30/2010, 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 #: 2010-092
FEE: \$500.00

This is to certify: MANUEL A. SOARES
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 04/08/1937

Garage situated at: 00453 SOMERVILLE AV

Doing business as : SOMERVILLE AUTO REPAIR

Shall not exceed: 2 Vehicles Inside & 7 Vehicles Outside, not on public ways
in addition the following restrictions apply:

APPROVED W/CONDITIONS: PETITIONER TO PURCHASE AND MAINTAIN PROPERTY AND
INSTALL NEW FENCE, ISD TO INSPECT IN 120 DAYS.

CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 FEB 25 P 12:05

This renewal certificate must be signed by the holder of the license
Check One: Owner \_\_\_ Occupant \_\_\_ Holder \_\_\_

[Signature]
Signature of Applicant

1819 MAIN ST.
Address

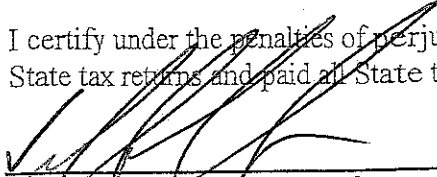
READING MA 01867
City State Zip

\*\* Office Use Only \*\*
Mailed \_\_\_
Taken \_\_\_
Received: 2-25-11
Cash 500-
City Clerk

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.

  
\_\_\_\_\_  
\* Signature of Individual or Corporate Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

\_\_\_\_\_  
\*\* 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.



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street, 7<sup>th</sup> Floor  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: MANUEL SOARES

address: 819 MAIN ST

city: READING state: MA zip: 01867 phone # 781-779-1909

work site location (full address): 453 SOMERVILLE AVE SOMERVILLE MA 02143

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 1 employees (full & part time).  Other  
 I am an employer providing workers' compensation for my employees working on this job.

company name: PUBLIC SERVICE MUTUAL INSURANCE COMPANY

address: ONE PARK PLACE AVE

city: NEW YORK NEW YORK 10016 phone #:

insurance co. policy # WC031407 09

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

company name:

address:

city: phone #:

insurance co. policy #:

company name:

address:

city: phone #:

insurance co. policy #:

Attach additional sheets 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 year's 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: 2-25-11

Print name: MANUEL SOARES Phone #: 617-625-1779

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

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_

check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_

Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other

(revised Sept. 2003)



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: Manuel A. Soares
- Address of taxpayer/applicant's business in Somerville: 453 Somerville Ave.
- Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
- Taxpayer/applicant's phone: day: \_\_\_\_\_ evening: \_\_\_\_\_

I, Manuel A Soares, 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: \_\_\_\_\_

# 15509170      # 242029011      # 30052375      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:



RECEIVED  
URaw  
2-25-11