

GARAGE LICENSE APPLICATION

2013 DEC -9 A 9:56

Nonrefundable Application Fee \$550.00

Date 10/24/13

CITY CLERK'S OFFICE
SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>12/9/13</u>
Amount Paid	<u>\$550 + 75</u>

New Application

For the storage of 5 vehicles inside

Renewing Application with Additions or Changes

40 vehicles outside

Renewing Application with NO Additions or Changes

Business (DBA) Name: ABJ AUTO REPAIR Phone: 617 625 6632

Applicant's Federal Employer Identification Number: 46 - 3745274

Applicant's Legal Name: HERBERT WENDEL O'CALLAGHER

Applicant's Address (with Zip Code): 459 LEXINGTON ST. WALTHAM, MA 02452

Mailing Name (where we should send correspondence to): 91 MARSHALL ST. SOMERVILLE MA 02145

Mailing Address (with Zip Code): H. WENDEL O'CALLAGHER

Emergency Contact: 617-230-6775 WENDEL Phone: _____
O'CALLAGHER

HWO
↑
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Type of Business (Check Only One and Provide the Names Indicated):

Sole Proprietor: Name of Owner: _____

Partnership (inc. LLP): Name of Partnership: _____
Names of All Partners Who Own More Than 10%: _____

Trust: Name of Trust: _____
Names of All Trustees Who Own More Than 10%: _____

Corporation: Name of Corporation: ABJ AUTO REPAIR INC.
Name of President: H. WENDEL O'CALLAGHER
Name of Secretary: HUONG BUI Name of Treasurer: HUONG BUI

LLC: Name of LLC: _____
Names of All Managers Who Own More Than 10%: _____

Other (Attach a Description of the Form of Ownership and the Names of Owners)

Business (DBA) Name: ABJ AUTO REPAIR

- 1. Will you be open to the public at this location? Y N
- 2. Will you be doing mechanical repairs of vehicles at this location? Y N
- 3. Will you be doing autobody work on vehicles at this location? Y N
- 4. Will you be spray painting vehicles or parts at this location? Y N
- 5. Will you be washing vehicles at this location? Y N
- 6. Will you be charging money to park vehicles at this location? Y N
- 7. Will you be storing registered vehicles at this location? Y N
- 8. Will you be storing unregistered vehicles at this location? Y N
- 9. Will you be operating a tow vehicle at this location? Y N

Have you ever obtained a garage license before? Y N

If yes, list year, city and state _____

Have you ever been denied a garage license? Y N

If yes, list year, city and state _____

Have you ever had a garage license revoked or suspended? Y N

If yes, list year, city and state _____

Describe all of the premises to be used in the business: SINGLE BUILDING AND
PARKING LOT

The hours of operation for garages are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

WE WOULD LIKE TO BE OPEN SATURAYS UNTIL 5 PM

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on April 30, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. 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 Applicant: Wendell Kelly Date 10/24/13

Business Name: ABJ AUTO REPAIR

Business Address: 91 MARSHALL ST. SOMERVILLE, MA 02145

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a BA Zone.

- The use is permitted as of right
- The use requires a special permit
- The use is prohibited

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the State Building Code. (NOTE: This statement is NOT a certificate of occupancy, nor does it replace the requirement for a certificate of occupancy.)

Maximum number of motor vehicles to be kept on the premises: 3 inside
27 outside

Signature: [Signature] Date: 12-5-13

Print Name: Leo J. Karpotich Title: [Signature]

FIRE PREVENTION BUREAU RECOMMENDATION

I have inspected the premises mentioned above and based on my inspection:

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the Fire Safety Code. (NOTE: This statement is NOT a storage of flammables permit, nor does it replace the requirement for a storage of flammables permit.)

- A 148 sec. 13 License is required
- A 148 sec. 13 License is NOT required

Signature: [Signature] Date: 12/5/13

Print Name: DEPUTY CHIEF WILLIAM FALLINIAN Title: DEPUTY CHIEF

8-10
4-7

8-10
3:00
4:00



CITY OF SOMERVILLE, MASSACHUSETTS
 Treasury Department
 JOSEPH A. CURTATONE
 MAYOR
CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: H. WENDELL CAUACHER

BUSINESS LOCATION: 91 MARSHALL ST. SOMERVILLE AND/OR

TAXPAYER'S HOME ADDRESS: _____

TAXPAYER/APPLICANT PHONE: DAY: 617-625-6632 EVENING: 617-625-6632

BUSINESS NAME: ART AUTO REPAIR, INC.

BUSINESS ID NUMBER: 46-3745274 BUSINESS PHONE: 617-625-6632

I (print name) H. WENDELL CAUACHER, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville 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: _____

TAXES AND ACCOUNT NUMBER(S)

**REAL ESTATE ID	**WATER/SEWER ID	**PERSONAL PROPERTY	**OTHER
<u>9722</u>	<u>142026011</u>	<u>762</u>	_____

NOTES:

CLERKS INITIALS: (Signature)

BUSINESS or BUILDING PERMIT

ORIGINAL STAMP



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: H. WENDELL GALLAGHER

Address: 459 LEFKOWITZ ST.

City: WALTHAM State: MA Zip: 02452 Phone #: 617-230-6775

- I am an employer with 9 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: MA RETAIL MERCHANTS WC GROUP INC.

Address: P.O. BOX 859222-9222

City: BRAINTREE State: MA Zip: 01285 Phone #: 800-790-8877

Policy #: 014005033444 Expiration Date: 1/01/2014

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: H. Wendell Gallagher Date: 12/9/13

Print Name: H. WENDELL GALLAGHER

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 _____

(revised Jan. 2008)