



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

APPLICATION TO RENEW FLAMMABLES LICENSE

MIKMEG CORP.
57 WARREN STREET
SOMERVILLE, MA 02143

License #: **958**
City # **F146**
Fee: **550.00**
Account ID: **758**
Reference #: **958**

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: SOMERVILLE AUTO SERVICE Business Location: 57 WARREN ST Business Phone: 617-492-9028	
License Holder: MIKMEG CORP. 57 WARREN STREET SOMERVILLE, MA 02143 617-492-9028	
Mailing Address: MIKMEG CORP. 57 WARREN STREET SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - MICHAEL MCCOOL SECRETARY - MICHAEL MCCOOL TREASURER - MICHAEL MCCOOL	
FID: 043462365	
Food Manager/Emergency Contact: MICHAEL MCCOOL	

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

Hours: **MO-SU 5 AM - MIDNIGHT**

Description of Location and/or Other Conditions:

Originally Issued 2/23/1933, Amended 8/10/92. 17,742 Gals. Gasoline. 100 Gals. Range Oil. 100 Gals. Motor Oil. 50 Gals. Alcohol. 8 Gals. Grease.

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: *[Signature]* Date: 3-4-14
Print Name: Michael McCoool Pres. Phone: 617 492-9028

CITY CLERK'S OFFICE
SOMERVILLE, MA
2014 APR 14 A 11: 2

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: Somerville Auto Service
57 Warren St.
Address: Somerville, MA 02143
Tel # 617-492-8003
City: _____ State: _____ Zip: _____ Phone #: _____

- I am an employer with 1 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 service station

Workers' compensation insurance information (if applicable):

Insurance Company Name: Travelers
Address: 2120 Lake Mont Ave STE 200
City: Orlando State: FLA Zip: 32814 Phone #: 1-800-832-7839
Policy #: 7PJUB-0230N46-A-14 Expiration Date: 3-11-15

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: 3-4-14
Print Name: Michael McCoil

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Somerville Auto service

Address of taxpayer/applicant's business in Somerville: 57 Warren St - 16 Medford St

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617 492-9028 evening: _____

I, (print name) Michael McCool, 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 4 day of March, 2014. [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: _____
9883 # 124001011 # 108810 # _____

NOTES:

CLERK'S INITIALS: JK

ORIGINAL STAMP:

RECEIVED
4-14-14
JK