



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

APPLICATION TO RENEW GARAGE LICENSE

**HAWKINS STREET AUTOMOTIVE CO., INC.
9 HAWKINS ST
SOMERVILLE, MA 02143**

License #: **607**
City #G39
Fee: **550.00**
Account ID: **496**
Reference #: **607**

#7003

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: For HAWKINS STREET AUTOMOTIVE CO., INC. Business Location: 9 HAWKINS ST Business Phone: 617-623-9552	
License Holder: HAWKINS STREET AUTOMOTIVE CO., INC. 9 HAWKINS ST SOMERVILLE, MA 02143 617-623-9552	
Mailing Address: HAWKINS STREET AUTOMOTIVE CO., INC. SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - MICHAEL PISARI SECRETARY - MICHAEL PISARI	
FID: 042455674	
Food Manager/Emergency Contact: MICHAEL PISARI 978-604-2717	

CITY CLERK'S OFFICE
SOMERVILLE, MA
2013 MAR 29 A 9:49

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

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

OPEN TO THE PUBLIC

- 1 MECHANICAL REPAIRS
- 12 VEHICLES
- 4 VEHICLES INSIDE
- 8 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

Originally Issued 7/9/1964, 3-9 Rear Hawkin Street. Amended 12/09/1965. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

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: Michael Pisari Jr Date 3 25 13
Print Name: Michael A Pisari Jr Phone 617 623 9552

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: Hawkins ST Automotive Co Inc
Address: 9 Hawkins ST
City: Somerville State: MA Zip: 02143 Phone #: 617 623 9552

- I am an employer with 1 employees (full and/or part time).
 I am a sole proprietor or partnership and have no employees.
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
 We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type: Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other AUTO Repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: Public Service Mutual Ins Company
Address: One Park Ave
City: New York State: NY Zip: 10016 Phone #: _____
Policy #: DVC 006590 Expiration Date: 12/18/13

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: Michael Apisani Jr Date: 3/25/13
Print Name: Michael Apisani JR

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: Hawkins ST Automotive Co Inc

Address of taxpayer/applicant's business in Somerville: 9 Hawkins ST Somerville, MA

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

Taxpayer/applicant's phone: day: 6176239552 evening: 9786586460

I, (print name) Michael Pisani, 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 25 day of March, 2013. Michael Pisani J
(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: _____

16546115 # 23302301 # 536 # _____
6842

NOTES: _____

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: **RECEIVED**
13-29-13