



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

APPLICATION TO RENEW GARAGE LICENSE

A & M FOREIGN MOTORS, INC.
400 MYSTIC AVE
SOMERVILLE, MA 02145

License #: 738
City #G160
Fee: 550.00
Account ID: 621
Reference #: 738
#7006

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 A & M FOREIGN MOTORS, INC. Business Location: 400 MYSTIC AVE Business Phone: 617-776-1760	CITY CLERK'S OFFICE SOMERVILLE, MA 2013 APR - 11 PM 1.09 PM
License Holder: A & M FOREIGN MOTORS, INC. 400 MYSTIC AVE SOMERVILLE, MA 02145 617-776-1760	
Mailing Address: A & M FOREIGN MOTORS, INC. SOMERVILLE, MA 02145	
Business Type: CORPORATION (INC. LLC) PRESIDENT - EDWIN SANTA CRUZ SECRETARY - EDWIN SANTA CRUZ	A & M Foreign Motors, INC. 400 Mystic Ave. Somerville, MA 02145
FID: 042651742	
Food Manager/Emergency Contact: EDWIN SANTA CRUZ 617-660-5553	

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
- 1 STORING VEHICLES
- 12 VEHICLES
- 4 VEHICLES INSIDE
- 8 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

Originally Issued 3/28/1991. 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: *Edwin Santa Cruz* Date: 03/13/13
Print Name: Edwin A. Santa Cruz Phone: 617-776-1760

INSTRUCTIONS

It is time to renew your Garage License in Somerville. You may not operate a garage in the City after April 30, 2013, unless the Board of Aldermen and Mayor approve your license.

Renew now with these simple steps:

1. On the Application to Renew Garage License (enclosed):
 - Make sure we've got your DBA Name, Legal Name, and Mailing Address right.
 - Make sure your Business Type is right, and give us the names and titles of all (up to 3) Officers, Partners, or Owners. (Corporations: we need President, Secretary, and Treasurer.)
 - Check that we've got the right Federal Employer Identification Number.
 - In the Food Manager/Emergency Contact section, give us the name and phone number of an emergency contact.
 - Sign it, date it, print your name, and give us your phone number at the bottom.
2. Fill out and sign the Workers Compensation Insurance Affidavit (enclosed).
3. Fill out the Certificate of Good Standing (enclosed) and get it stamped at the Treasurer's Office at City Hall.
4. Return the completed Application as soon as possible to the City Clerk's Office at City Hall. The nonrefundable application fee is \$550.00, and you must pay it when you submit your Application.

Please contact John Long if you have any questions.

John J. Long, City Clerk
Somerville City Hall
93 Highland Avenue
Somerville, MA 02143
jlong@somervillema.gov
617 625-6600 x4110
FAX 617 625-4239
www.somervillema.gov

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: A&M Foreign Motors INC.
400 Mystic Ave
Address: Somerville, MA 02145
617-776-1760

City: _____ State: _____ Zip: _____ Phone #: _____

- I am an employer with 2 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 Automotive Repairs

Workers' compensation insurance information (if applicable):

Insurance Company Name: Utica National Insurance Group
Address: P. O. Box 6532
City: Utica State: NY Zip: 13504 Phone #: 1800-598-8422
Policy #: 4572029 Expiration Date: 08/31/13

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: [Signature] Date: 03/13/13
Print Name: Edwin A. Santa Cruz

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 _____

UTICA NATIONAL INSURANCE GROUP
UNIBILL PREMIUM STATEMENT

A&M FOREIGN MOTORS, INC.
 400 MYSTIC AVE
 SOMERVILLE, MA
 SOMERVILLE MA 02145

BILLING DATE	ACCOUNT #	PAGE
02-10-13	100887291	2 OF 2
	DUE DATE	
	03-01-13	

THE FOLLOWING IS A HISTORY OF ALL TRANSACTIONS PROCESSED SINCE YOUR LAST BILLING FOR EACH POLICY.

Thank you for doing business with Utica National Insurance

POLICY #	PRIOR BALANCE	PAYMENTS MADE	AMOUNT OF CHANGE	INSTALLMENT #	ACCOUNT BALANCE	INSTALLMENT DUE
4572029 COMPENSATION						
Effective 09-01-12	575.20	115.00-	0.00	(4)	460.20	115.00
OTHER CHARGES:						
SERVICE CHARGE	7.00	7.00-	7.00		0.00	7.00
TOTAL ACCOUNT BALANCE					460.20	122.00

<<< A LATE CHARGE OF \$20.00 MAY BE ASSESSED IN THE EVENT A NOTICE OF CANCELLATION IS ISSUED. >>>

FOR AUTOMATED RESPONSE TO BILLING INQUIRIES CALL: 1-800-59-UTICA (1-800-598-8422)

Please mail your payment to: Utica National Insurance Group or pay on-line @ www.uticanational.com
 Billing Department
 P.O. Box 6532
 Utica, N.Y. 13504-6532



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

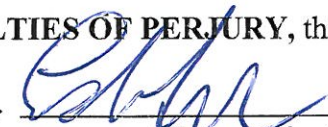
Exact name of taxpayer/applicant's business: A & M Foreign Motors, INC

Address of taxpayer/applicant's business in Somerville: 400 Mystic Ave, Somerville

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

Taxpayer/applicant's phone: day: 617-776-1760 evening: 617-680-5553

I, (print name) Edwin A. Santa Cruz, 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 13 day of March, 20 13. 
(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: _____

10699 # 134082001 # 922 # _____

NOTES:

CLERK'S INITIALS: UBS

ORIGINAL STAMP: 

RECEIVED
Barajas
4-1-13