

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

MARTIN A. HENRY
14 BROADWAY
SOMERVILLE MA 02145

LIC #: 2011-016
B.O.A.#

*** 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, 2011. 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: BROADWAY HENRY LLC TEL: 617-666-4805
Company Address: 00020 BROADWAY

City: SOMERVILLE State: MA Zip: 02145

Check One: Individual: Co: Corp: Trust: Agency Ship Other
Owner Name: MARTIN A. HENRY TEL: 617-666-4805
Owner Address: 14 BROADWAY

Owner City: SOMERVILLE State: MA Zip: 02145
FID#: 043513528

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 04/30/2011, 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 #: 2011-016
FEE: \$500.00

This is to certify: MARTIN A. HENRY
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 11/29/1921

Garage situated at: 00020 BROADWAY
Doing business as : BROADWAY HENRY LLC
Shall not exceed: 4 Vehicles Inside & 6 Vehicles Outside, not on public ways
in addition the following restrictions apply:
NO SPRAY PAINTING

CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 JUN 27 P. 1: 10

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

Signature of Applicant: [Handwritten Signature]
Address: 14 BROADWAY
City: Somerville MA State: MA Zip: 02145

** Office Use Only **
Mailed: 500.00
Taken:
Received: 6/27/11
City Clerk: CK 1476

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.

BROADWAY HEURY LLC

* Signature of Individual or Corporate Name (Mandatory)

Martin A. Henry

By: Corporate Officer (Mandatory, a corporation)

043513328

** 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.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: BROADWAY HENRY LLC
2. Address of taxpayer/applicant's business in Somerville: 14 BROADWAY
3. Address of taxpayer/applicant's home in Somerville: ~~14 BROADWAY~~ 20 BROADWAY
4. Taxpayer/applicant's phone: day: 617 666 4805 evening: 617 335 1200

I, Martin A Henry, 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 22nd day of JUNE, 2011. Martin A Henry
(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: _____

08314141
 # 10103700
 # NO ACE
 # _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP: 



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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: BROADWAY HENRY LLC
 address: 14 BROADWAY
 city: SOMERVILLE state: MA zip: 02145 phone # 617 666 4805

work site location (full address):
 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 _____ employees (full & part time). Other _____
 I am an employer providing workers' compensation for my employees working on this job.

company name: _____
 address: _____
 city: _____ phone #: _____
 insurance co. _____ policy # _____

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 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: Martin A Henry Date: 6/22/11
 Print name: MARTIN A HENRY Phone #: 617 666 4805

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)