

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

ALBERT REILLY
 75 LAWRENCE STREET
 CHARLESTOWN MA 02129

LIC #: 2010-103
 B.O.A.# #163211

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: X 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, 2010. 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: REILLY'S GARAGE TEL: 617-776-4779
 Company Address: 00061 -00063 WASHINGTON ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: X Co: Corp: Trust: Agency Gov't Partner
 Ship Other
 Owner Name: ALBERT REILLY TEL: 617-242-5244
 Owner Address: 75 LAWRENCE STREET

Owner City: CHARLESTOWN State: MA Zip: 02129
 FID#: 018282688

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 04/30/2010, please advise.

***** HOURS OF OPERSTIONS *****
 MONDAY-FRIDAY: 08:00 AM-05:30 PM
 SATURDAY: 08:00 AM-04:00 PM
 SUNDAY: CLOSED

Very truly yours,

John J. Long
 City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
 -- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2010-103
 FEE: \$500.00

This is to certify: ALBERT REILLY
 has been licensed by the Mayor and the Aldermen of the City of Somerville.
 Since 08/27/1981

Garage situated at: 00061 -00063 WASHINGTON ST

Doing business as : REILLY'S GARAGE

Shall not exceed: 2 Vehicles Inside & 6 Vehicles Outside, not on public ways
 in addition the following restrictions apply:

NO SPRAY PAINTING

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

2010 APR -2 A 9:33
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

Albert Reilly
 Signature of Applicant

75 Lawrence ST
 Address

Charlestown MA 02129
 City State Zip

** Office Use Only **

Mailed
 Taken ✓

Received: 4/2/10 - \$500.00

MS ck# 1886
 City Clerk



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: Reillys GARAGE
- 2. Address of taxpayer/applicant's business in Somerville: 63 WASHINGTON ST
- 3. Address of taxpayer/applicant's home in Somerville: _____
- 4. Taxpayer/applicant's phone: day: 617 776-4779 evening: 617 519 4171

I, Alfred Reilly, 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 APRIL, 2010. Alfred Reilly
(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: _____

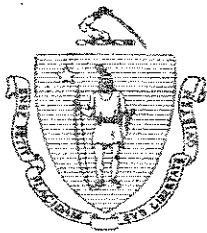
04169175
 # 10910401
 # 30056558
 # _____

NOTES:

CLERK'S INITIALS: AR

ORIGINAL STAMP:

received
4-21-10



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: ALBERT Reilly
 address: 75 Lawrence St
 city: Charlestown ma state: _____ zip: 02129 phone # 617 776 4779

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: Reilly Garage
 address: 63 Washington St
 city: Somerville phone #: 617-776-4779
 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 sheet 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.

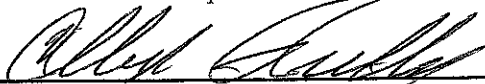
I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct
 Signature Albert Reilly Date 4/2/2010
 Print name ALBERT Reilly Phone # 617 519 4171

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

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.



* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

** 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.