



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

2013 APR -8 A 10:37

APPLICATION TO RENEW FLAMMABLES LICENSE CITY CLERK'S OFFICE
SOMERVILLE, MA

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: For 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. SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - MICHAEL MCCOOL SECRETARY - 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: _____

Date: 3-20-13Print Name: Michael McCoolPhone: 617-492-9028

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
City: Somerville Tel: 617-492-9013 State: MA Zip: _____ Phone #: _____

- ☒ 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 service

Workers' compensation insurance information (if applicable):

Insurance Company Name: Travelers
Address: 2420 Lakemont Ave STE 100
City: Orlando State: FL Zip: 32814 Phone #: _____
Policy #: 7 PJ UB-0230N46-A-13 Expiration Date: 3-11-14

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: 3-20-13
Print Name: Michael McLeod

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: MikMeg Corp.

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

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

Taxpayer/applicant's phone; day: 617 492-9028 evening: 617-285-9793

I, (print name) Michael McCool Pres, 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 20 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: _____

097 E .00004-000000 # 124001011 # 108810
16 MEDFORD ST. 1267

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP:



RECEIVED
A 4-8-13