

CK-15156  
\$550



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

**APPLICATION TO RENEW FLAMMABLES LICENSE**

**HILLSIDE AUTO REPAIR, INC.**  
583 BROADWAY  
SOMERVILLE, MA 02145

License #: 505  
City #F30  
Fee: 550.00  
Account ID: 399  
Reference #: 505  
#7024

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 <b>HILLSIDE AUTO REPAIR, INC.</b> Business Location: <b>583 BROADWAY</b> Business Phone: <b>781-395-9679</b>	
License Holder: <b>HILLSIDE AUTO REPAIR, INC.</b> <b>583 BROADWAY</b> <b>SOMERVILLE, MA 02145</b> <b>781-395-9679</b>	
Mailing Address: <b>HILLSIDE AUTO REPAIR, INC.</b> <b>SOMERVILLE, MA 02145</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>SECRETARY - BETH ANN SPINOSA</b> <b>TREASURER - BETH ANN SPINOSA</b>	
FID: <b>042911681</b>	
Food Manager/Emergency Contact: <b>FRANK SPINOSA</b> <b>617-212-9413</b>	

2013 MAR 21 P 12:12  
 CITY CLERK'S OFFICE  
 SOMERVILLE, MA

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 4/11/1927, Amended 07/14/27, 01/14/32, 06/09/55, 06/18/57, 11/2/88. 28,000 Gals Gasoline/Diesel. 500 Gals Waste Oil. 130 Gals Grease. 500 Gals Motor Oil. 600 Gals Lub Oil. 170 Gals Anti-Freeze. 220 Gals Kerosene. 500 Gals A.T.F. 120 Gals Alcohol.

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: 3/25/13  
Print Name: FRANK SPINOSA Phone: 617 212 9413

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: HILLSIDE AUTO REPAIR INC.

Address: 583 BROADWAY

City: SOMERVILLE State: MA Zip: 02145 Phone #: 781 395 9679

- I am an employer with 8 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 / FILING STATION

Workers' compensation insurance information (if applicable):

Insurance Company Name: TRAVELERS INS.

Address: P.O. BOX 1450

City: MIDDLEBORO State: MA. Zip: 02344 Phone #:

Policy #: I4UB - 4A 29001-0-12 Expiration Date: 7-14-13

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: 3-25-13

Print Name: FRANK SPINOSA

Official use only. Do not write in this area. To be completed by city or town official.

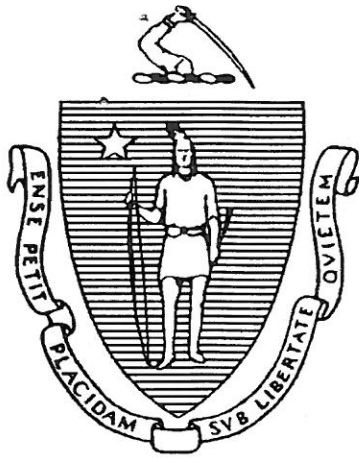
City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

- Board of Health  
 Building Department  
 City/Town Clerk  
 Licensing Board  
 Selectmen's Office  
 Other \_\_\_\_\_

CLAIM #  
1-800 787 2851

# NOTICE TO EMPLOYEES



# NOTICE TO EMPLOYEES

## The Commonwealth of Massachusetts DEPARTMENT OF INDUSTRIAL ACCIDENTS 600 Washington Street, Boston, Massachusetts 02111 617-727-4900 — <http://www.mass.gov/dia>

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above mentioned chapter by insuring with:

THE TRAVELERS INSURANCE COMPANIES

NAME OF INSURANCE COMPANY

P.O. BOX 1450  
MIDDLEBORO, MA 02344-1450

ADDRESS OF INSURANCE COMPANY

(IHUB-4A29001-0-12)

07-14-12 TO 07-14-13

POLICY NUMBER

EFFECTIVE DATES

AUTOMATIC DATA PROC INS

1 ADP BLVD MS 325

ROSELAND

NJ 07068

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

HILLSIDE AUTOMOTIVE REPAIR  
INC

583 BROADWAY

SOMERVILLE  
MA 02145

EMPLOYER

ADDRESS

EMPLOYER'S WORKERS COMPENSATION OFFICER (IF ANY)

DATE

### MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL

ADDRESS

## TO BE POSTED BY EMPLOYER





City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: HILLSIDE AUTO REPAIR, INC.

Address of taxpayer/applicant's business in Somerville: 583 BROADWAY SOMERVILLE

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 781 395 9679 evening: 617 212 9413

I, (print name) FRANK SPINOSA, 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<sup>th</sup> day of March, 2013.  
[Signature]  
(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: \_\_\_\_\_

# 18566143      # 300024011      # 240      # \_\_\_\_\_

NOTES: 2190

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

