



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

**APPLICATION TO RENEW GARAGE LICENSE**

**MODERN FLOORS, INC.**  
22 MARSHALL ST  
SOMERVILLE, MA 02145

License #: 723  
City #G57  
Fee: 550.00  
Account ID: 601  
Reference #: 723

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: <b>MODERN FLOORS, INC.</b> Business Location: <b>22 MARSHALL ST</b> Business Phone: <b>617-776-7727</b>	
License Holder: <b>MODERN FLOORS, INC.</b> <b>22 MARSHALL ST</b> <b>SOMERVILLE, MA 02145</b> <b>617-776-7727</b>	
Mailing Address: <b>MODERN FLOORS, INC.</b> <b>22 MARSHALL ST</b> <b>SOMERVILLE, MA 02145</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - JORGE CHAVES</b> <b>SECRETARY - KELLY SANTOS</b> <b>TREASURER - MAGGIE CHAVES</b>	
FID: <b>042955131</b>	
Food Manager/Emergency Contact: <b>JORGE CHAVES</b> <b>617-590-4411</b>	

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 STORING VEHICLES
- 2 VEHICLES INSIDE
- 10 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

**Originally Issued 4/12/1951. No Mechanical Repairs. 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: Margarida Chaves Date: 3/8/14  
Print Name: Margarida Chaves Phone: 617-776-7727



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Jorge Chaves

Address of taxpayer/applicant's business in Somerville: 22 Marshall St.

Address of taxpayer/applicant's home in Somerville: 11

Taxpayer/applicant's phone: day: 617-776-7727 evening: 617-590-4411

I, (print name) Jorge Chaves, 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 11<sup>th</sup> day of March, 20 14. [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: \_\_\_\_\_

# 9664      # 142029001      # 761      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: **RECEIVED**  
3-12-14

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: Jorge Chavez

Name: \_\_\_\_\_

Address: 22 Marshall St.

City: Somerville State: MA Zip: 02145 Phone #: 617-776-7727

- I am an employer with 6 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 Floor Contractor

Workers' compensation insurance information (if applicable):

Insurance Company Name: BonaCorso Ins. Agency

Address: \_\_\_\_\_

City: Burlington State: MA Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy #: 08WECIT5725 Expiration Date: 9/1/2014

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: X Jorge Chavez Date: 3/11/14

Print Name: Jorge Chavez

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 \_\_\_\_\_