

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

ANTONIO M. MARTINS
107 WASHINGTON ST., #1
SOMERVILLE MA 02143

LIC #: 2011-232
B.O.A.# 179943

*** 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: COUNTY AUTO REPAIR, INC. TEL:
Company Address: 00107 WASHINGTON ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: Co: Corp: X Trust: Agency: Gov't Partner
Ship Other
Owner Name: ANTONIO M. MARTINS TEL: 617-628-7115
Owner Address: 107 WASHINGTON ST., #1

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 202704235

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: 09:00 AM-05:00 PM
SATURDAY: 08:00 AM-12:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

LICENSE #: 2011-232
FEE: \$500.00

This is to certify: ANTONIO M. MARTINS
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 11/22/2005

Garage situated at: 00107 WASHINGTON ST
Doing business as : COUNTY AUTO REPAIR, INC.
Shall not exceed: 4 Vehicles Inside

in addition the following restrictions apply:
APPROVED AS AMENDED: 1. HOURS OF OPERATION
2. NO SPRAY PAINTING

2011 APR 26 P 1:47
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Antonio M. Martins
Signature of Applicant
103 WASHINGTON ST
Address
SOMERVILLE MA 02143
City State Zip

** Office Use Only **
Mailed
Taken
Received: 4-21-11 CK # 2984
\$500-
City Clerk

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.

Antonio H. Santos

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

202-704-235

** 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

Exact name of taxpayer/applicant's business: County auto repair

Address of taxpayer/applicant's business in Somerville: 103 Washington St, Somerville MA

Address of taxpayer/applicant's home in Somerville: 107 Washington St, Somerville

Taxpayer/applicant's phone: day: 617-628-3600 evening: 617-440-5646

I, (print name) Antonio Martins, 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 21 day of

April, 2011. Antonio H Martins
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

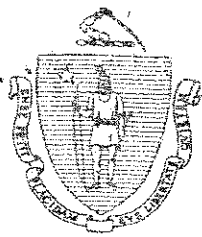
Real Estate Water/Sewer Personal Property Other: _____
01619200 # 109110601 # 300005444 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

received
URBANS
4-21-11



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: County auto Repair
 address: 103 Washington St
 city: Somerville state: MA zip: 02143 phone # 617-628-3600

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: Hartford underwriters Insurance Company
 address: PO Box 1450
 city: Middleboro, MA 02344 phone #:
 insurance co: Colburn Rider Ins. Agency policy # 656 OUB-0625N41-9-10

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.

x Signature Antonio R. Martins Date _____
 Print name Antonio Martins Phone # 617 628-3600

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department

check if immediate response is required Licensing Board

contact person: _____ phone #: _____ Selectmen's Office

(revised Sept. 2003) Health Department

Other