



City of Everett, Massachusetts
City Clerk's Office
484 Broadway, Room 10
Everett, MA 02149
(617) 394-2225

REPAIR SHOP APPLICATION

Type of License:

Mechanical Auto Body Combination

Name of Business:

Business Address:

Name of Applicant:

Home Address:

Home phone:

Other phone:

Name of corporation, trust or other entity:

Name & title of authorized officer:

Officer's Address:

Home phone:

Other phone:

I hereby certify under the pains and penalties of perjury, that the foregoing and following information is true and accurate to the best of my understanding and belief.

(signature)

(printed name)

LIST THREE REFERENCES (new licenses only)

(excluding relatives, partners, employees, fiduciary):

1. NAME:	<input type="text"/>		
STREET:	<input type="text"/>		
CITY:	<input type="text"/>	STATE:	<input type="text"/>
		ZIP CODE:	<input type="text"/>
PHONE:	<input type="text"/>		
<hr/>			
2. NAME:	<input type="text"/>		
STREET:	<input type="text"/>		
CITY:	<input type="text"/>	STATE:	<input type="text"/>
		ZIP CODE:	<input type="text"/>
PHONE:	<input type="text"/>		
<hr/>			
3. NAME:	<input type="text"/>		
STREET:	<input type="text"/>		
CITY:	<input type="text"/>	STATE:	<input type="text"/>
		ZIP CODE:	<input type="text"/>
PHONE:	<input type="text"/>		
<hr/>			
PROPOSED HOURS OF OPERATION:	<input type="text"/>		
PROPOSED DAYS OF OPERATION:	<input type="text"/>		
PROPOSED NUMBER OF EMPLOYEES:	<input type="text"/>		
PROPOSED NUMBER OF REPAIR STALLS:	<input type="text"/>		
<hr/>			
WHO IS THE ONSITE MANAGER OF THE BUSINESS?			
NAME:	<input type="text"/>		
ADDRESS:	<input type="text"/>		
PHONE:	<input type="text"/>		

LIST ANY BUSINESS LICENSE(S) OR PERMIT(S) THAT YOUR BUSINESS OR EMPLOYEES REQUIRE FROM ANY OTHER REGULATORY BODY:
(Use a separate page, if necessary)



COMPLETE A SKETCH OF THE BUSINESS LOCATION INCLUDING THE DISTANCE FROM THE NEAREST PUBLIC STREET, AND THE GENERAL TRAFFIC CONDITIONS OF THE AREA (One way streets, no parking, etc.)



NEW LICENSES ONLY

Attach to this application a block plan showing the land area in sq. ft., the building area in sq. ft., number of floors, placement of buildings on the lot, area use in the buildings, parking and storage areas, any unusable areas, exact location of all flammable storage areas, street entering and exit locations.

Must include a certified plot plan displaying parking for vehicles for repair employees and customers.

Seven days prior to a hearing for any new license, the petitioner must notify by certified mail abutters that are 150 feet of the proposed location.

If you have been in business before, please list the names, locations and nature of the businesses:

1. Business Name:

Address:

2. Business Name:

Address:

3. Business Name:

Address:

State briefly why you want to conduct this business in the City of Everett?

APPLICATION ATTACHMENTS

_____ Certified Plot Plan* *Application Fee: _____

_____ Certificate of Good Standing *References (3): _____

_____ Building Department Approval Workmen's Compensation: _____

_____ Fire Prevention Approval REAP Attestation: _____

_____ CORI* *Right to Property _____

* new licenses only

**TO BE COMPLETED BY THE
COLLECTOR'S OFFICE, EVERETT CITY HALL, ROOM 13, 617-394-2240**

Certificate of Good Standing

Property Address:

Do you own the property?:

I, _____, of the Collector's Office of the City of Everett, Massachusetts, do hereby state that the owners of the proposed business are current on the following taxes and fees:

Real Estate Taxes Personal Property Water/Sewer

Date:

COMMENTS:

**TO BE COMPLETED BY THE
BUILDING DEPARTMENT, EVERETT CITY HALL, ROOM 29, 617-394-2220**

Number of Repair Stalls:

INSPECTION RESULTS

I, _____, do hereby state that as of this date the premises meets / does not meet all of the requirements imposed upon it pursuant to the city's building code. This application is for a new/used motor vehicle dealer's license. The maximum number of cars/trucks allowed on the lot is: _____. In addition, this business must provide _____ off-street parking spaces, and _____ employee parking spaces and repair stalls.

Date: _____

Building Inspector

**TO BE COMPLETED BY THE
FIRE INSPECTION, CALL TO SCHEDULE 617-394-2349**

Number of Repair Stalls:

If repair stalls are not at this address, where are they located?

INSPECTION RESULTS

I, _____, of the Fire Department for the City of Everett, Massachusetts, do hereby state that I have personally inspected the premises located at the applicant's business address as shown on the front of this application and as of this date the premises meets/does not meet all of the requirements imposed upon it pursuant to the fire prevention code. I make the following recommendation:

Pass _____ Fail _____

Date: _____

Fire Inspector

**IF YOU DO NOT OWN THE PROPERTY IN WHICH YOUR BUSINESS IS LOCATED,
PLEASE HAVE THIS FORM COMPLETED BY THE PROPERTY OWNER.**

PROPERTY OWNER INFORMATION

PROPERTY ADDRESS:

OWNER'S NAME:

PHONE:

PROPERTY OWNER STATEMENT

I, hereby state that I am the property owner at _____, and that the abovementioned business has the right to use the property for the purpose stated in this application.

Signature

Date

PLEASE ATTACH A PROPERTY CARD FROM THE ASSESSORS' OFFICE WITH THIS FORM

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.

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: _____

address: _____

city: _____ state: _____ zip: _____ phone #: _____

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
 I am an employer with _____ employees (full & part time). Office Sales (including Real Estate, Autos etc.)
 Other

I am an employer providing workers' compensation for my employees working on this job.

company name: _____

address: _____

city: _____ phone #: _____

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: _____ Date: _____

Print name: _____ Phone #: _____

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

city or town: _____ permit/license #: _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____

check if immediate response is required

contact person: _____ phone #: _____
(revised Sept. 2003)

CITY OF EVERETT
Information for POLICE/FIRE/MEDICAL emergency

Date: _____

Street _____ Number _____

Name of Business: _____

Type of Business: _____

Phone: _____

Name of Business Owner _____ Phone _____

Home Address

Name of Property Owner _____ Phone _____

Home Address _____

Alarm Company _____ Phone _____

Emergency Contact:

Name _____ Phone _____

Address _____