Please check appropriate license(s)

MECHANICAL

Annual Fee: \$400.00_

AUTO BODY

Annual Fee: \$400.00

Both: \$700

Inspection Fee: \$50.00

Please check one:

New Application

Renewing Application w/Changes

Renewing Application w/NO Changes

Type of Business

Please check only one:

Sole Proprietor:

Partnership (inc. LLP)

(Please attach the name of the partnership and all partners who own more than 10%)

Trust

(Please attach the name of the trust and all trustees who own more than 10%)

Corporation

(Please attach proof of the corporation including the names and addresses of the corporation, president, treasurer and secretary.)

LLC

(Please attach the name of the LLC and all managers who own more than 10%)

COMMONWEATH OF MASSACHUSETTS CITY OF EVERETT REPAIR LICENSE APPLICATION

Business (DBA) Name:	
Everett Business Address:	
Applicant's Legal Name:	
Mailing Address (including Zip Code):	
Contact Phone:	Contact E-Mail:
Property Owner:	
Property Owner's Address:	
Owner's Phone:	
Repair business. The property owners serequired for new licensees only. EMERGENCY CONTACT:	operty for the purpose of operating a Motor Vehicle signature and property card from the assessors are
In case of emergency at the busines Contact Name:	ss address, please contact:
Contact Address:	
Contact Phone:	
and I understand that any informat result in the forfeiture of this licens location, and is subject to all of the	provided on this application is true and accurate tion that is found to be false or misleading may e. This license will only be effective for the lister terms, conditions, and limitations set forth in y applicable State and Federal laws, and any et City Council.
Signature of Applicant	Title (owner, president, partner)

ATTACHMENTS FOR ALL APPLICANTS

- 1. Certificate of Good Standing
- 2. Inspectional Services Approval
- 3. Fire Prevention Approval
- 4. Workmen's Compensation Affidavit
- 5. REAP Attestation

ATTACHMENTS FOR NEW LICENSES ONLY

First-time applications must also include:

- 1. Criminal Offender Record Information (CORI)
- 2. Three (3) letters of recommendation (excluding relatives, partners, employees, fiduciary)
- 3. Application Fee: (\$200.00)

FOR CITY CLERK'S OFFICE USE ONLY

Application Accepted:

Application Approved:

Application Issued:

INSPECTIONAL SERVICES DEPAI The building located at the pren	RTMENT REPORT: nises mentioned above is in a	Zone.
O Use is permitted as of right	O Use requires a special permit	O Use is prohibited
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 second hand dealer's license.		
Inspector's Signature:		
Print Name:		Date:
TO BE COMPLETED BY THE INSE	PECTIONAL SERVICES, CALL TO SCHE	DULE 617-394-2220

FIRE PREVENTION REPORT:

I 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			
Inspector's Signature:				
Print Name:		Date:		
TO BE COMPLETED BY THE FIRE INSPECTION, CALL TO SCHEDULE 617-394-2349				

CERTIFICATE OF GOOD STANDING					
Property Address:					
Do you own the property? Y N					
I do hereby state that the owners of the proposed business are/are not current on the following taxes and fees:					
Real Estate Taxes:	COMMENTS:				
Personal Property:	COMMENTS:				
Water/Sewer:	dater/Sewer: COMMENTS:				
Collector's Office Signature:					
Print Name:	Date:				
TO BE COMPLETED AT THE COLLECTOR'S OFFICE, EVERETT CITY HALL, ROOM 13					