Garage: ___

Number of Vehicles:

4-10 **($10.00)** ___
11-15 **($25.00)** ___
16-25 **($50.00)** ___
26-50 **($75.00)** ___
51+ **($125.00)** ___

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%)

Revised 01/29/2024

COMMONWEATH OF MASSACHUSETTS
CITY OF EVERETT
GARAGE LICENSE APPLICATION with Inspection

Mail _____ or Pick-up _____

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:

Signature*

*By signing above, the property owner indicates that the potential licensee is authorized to legally occupy the above-mentioned property for the purpose of operating a Garage business. **The property owners signature and property card from the assessors are required for new licenses only.**

EMERGENCY CONTACT:
In case of emergency at the business address, please contact:

Contact Name:

Contact Address:

Contact Phone:

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on April 30th, and is subject to all of the terms, conditions, and limitations set forth in the Everett Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the Everett City Council.

Signature of Applicant **Title** (owner, president, partner)

Date:

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. A certified plot plan displaying parking for employee parking, and entrances and exits.
2. Criminal Offender Record Information (CORI)
3. Three (3) letters of recommendation (excluding relatives, partners, employees, fiduciary)
4. Copy of valid Massachusetts Drivers' License
5. Proof of notification of abutters within 150 feet of proposed business for Public Hearing
6. Application Fee ($25.00)

FOR CITY CLERK'S OFFICE USE ONLY

Application Accepted:

Public Hearing Advertised:

Application Approved:

Application Issued:

INSPECTIONAL SERVICES DEPARTMENT REPORT:

The building located at the premises mentioned above is in a _____ Zone.

○ Use is permitted as of right ○ Use requires a special permit ○ 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 new/used Garage 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.

Inspector's Signature: _____

Print Name: _____ Date: _____

I do hereby certify that there are no unpaid fines, fees, cease and desist orders or any other Impediments affecting the granting of approval for this license.

Issue License _____ Do not Issue License _____

Inspector's Signature: _____

TO BE COMPLETED BY THE INSPECTIONAL SERVICES, CALL TO SCHEDULE 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: _____

I do hereby certify that there are no unpaid fines, fees, cease and desist orders or any other Impediments affecting the granting of approval for this license.

Issue License _____ Do not Issue License _____

Inspector's Signature: _____

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:	**COMMENTS:**

Collector's Office Signature:

Print Name: **Date:**

TO BE COMPLETED AT THE COLLECTOR'S OFFICE, EVERETT CITY HALL, ROOM 13