



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

APPLICATION TO RENEW GARAGE LICENSE

TRACER TECHNOLOGIES, INC.
20 ASSEMBLY SQUARE DR
SOMERVILLE, MA 02145

License #: **960**

City # **G73**

Fee: **550.00**

Account ID: **760**

Reference #: **960**

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: TRACER TECHNOLOGIES, INC. Business Location: 20 ASSEMBLY SQ DR Business Phone: 617-776-6410	
License Holder: TRACER TECHNOLOGIES, INC. 20 ASSEMBLY SQUARE DR SOMERVILLE, MA 02145 617-776-6410	
Mailing Address: TRACER TECHNOLOGIES, INC. 20 ASSEMBLY SQUARE DR SOMERVILLE, MA 02145	
Business Type: CORPORATION (INC. LLC) PRESIDENT - FRASER WALSH SECRETARY - FRASER WALSH TREASURER - FRASER WALSH	
FID: 042470959	
Food Manager/Emergency Contact: FRASER WALSH	

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
40 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

Originally Issued 6/1/1950. 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: *Fraser Walsh* Date: 2/27/2014

Print Name: FRASER WALSH Phone: (617) 776-6410



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: ECO, LLC

Address of taxpayer/applicant's business in Somerville: 20 Assembly Sq. Drive

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

Taxpayer/applicant's phone: day: 617-776-6410 evening: _____

I, (print name) FRASER WALSH 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 27th day of February, 20 14. FRASER WALSH
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 2/27/14 INCLUDES RELEVANT POSTINGS THROUGH: 2/24/14

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input checked="" type="checkbox"/> Real Estate	<input checked="" type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
<u>23702095</u>	<u>144034001</u>		
<u>02085087</u>	<u>102049011</u>		
# _____	# <u>102050001</u>	# _____	# _____

NOTES:

CLERK'S INITIALS: Ric

ORIGINAL STAMP:

RECEIVED
Ric

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:

Name: TRACER Technologies Inc
Address: 20 Assembly Sq. Dr
City: Somerville State: MA Zip: 02145 Phone #: 617-776-6410

- ☒ I am an employer with 90 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Guard Insurance Group
Address: 16 South River St.
City: Wilkes-Barre State: PA Zip: 18703 Phone #: 570-825-9900
Policy #: TRWC334975 Expiration Date: 12/1/2014

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: Fraser Walsh Date: 2/27/2014
Print Name: FRASER WALSH

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 _____