

CITY OF SOMERVILLE  
MASSACHUSETTS  
OFFICE OF THE CITY CLERK  
RENEWAL APPLICATION FOR GARAGE LICENSE

J.R. FENNELL L.P.  
501 MASSACHUSETTS AVENUE 2ND FLOOR  
CAMBRIDGE MA 02139

LIC #: 2010-080  
B.O.A.#

\*\*\* 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, 2010. 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: J.R. FENNELL, LIMITED PARTNERSHIP #16 TEL: 617-876-8800  
Company Address: 00092 -00094 PROSPECT ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual:      Co:      Corp:      Trust:      Agency      Ship X Other      Gov't Partner  
Owner Name: J.R. FENNELL L.P. TEL: 617-876-8800  
Owner Address: 501 MASSACHUSETTS AVENUE 2ND FLOOR

Owner City: CAMBRIDGE State: MA Zip: 02139  
FID#: 043132952

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 04/30/2010, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*  
MONDAY-FRIDAY: 06:00 AM-06:00 PM  
SATURDAY: 06:00 AM-02:00 PM  
SUNDAY: CLOSED

Very truly yours,

John J. Long  
City Clerk

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

LICENSE #: 2010-080  
FEE: \$500.00

This is to certify: J.R. FENNELL L.P.  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 04/08/1926

Garage situated at: 00092 -00094 PROSPECT ST  
Doing business as : J.R. FENNELL, LIMITED PARTNERSHIP #160193  
Shall not exceed: 90 Vehicles Inside  
in addition the following restrictions apply:

NO TOW TRUCKS ALLOWED ON OAK STREET & HOUGHTON STREET  
TRANSFERRED TO PAT'S TOW SERVICE ON NOV. 30, 1992. TRANSFERRED 4/22/1996  
PAT'S TOW VACATED PREMISES APRIL 1, 1994 TO 200 MCGRATH HWY 7/14/2005  
24 HOURS ACCESS TO THE BUILDING FOR EMPLOYEE PARKING ONLY.  
MO SPRAY PAINTING.

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

[Signature]  
Signature of Applicant  
10 Old Society Partners  
501 Massachusetts Ave.  
Address  
Cambridge MA 02139  
City State Zip

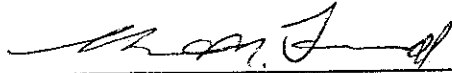
\*\* Office Use Only \*\*  
Mailed       
Taken       
Received: CK #7800  
\$500 -  
City Clerk

CITY CLERK'S OFFICE  
2010/04/12 A 9:41

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.



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\* Signature of Individual or Corporate Name (Mandatory)

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By: Corporate Officer (Mandatory, if a corporation)

04-3132952

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\*\* 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, 7<sup>th</sup> Floor  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: J.R. Fennell limited Partnership

address: c/o Odyssey Partners 501 Massachusetts Ave.

city: Cambridge state: MA zip: 02139 phone #: 617-876-8800

work site location (full address): 92-94 Prospect St., Somerville, MA 02143

- 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 ~400 employees (full & part time).  Other

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

company name: Quest Diagnostics

address: 415 Massachusetts Ave

city: Cambridge, MA 02139 phone #: 617-547-8900

insurance co. Travelers Prop. Casualty Co. of America policy # TRTB-266T3535-TIL-09

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: *[Signature]* Date: 4-8-10

Print name: Kathleen M. Fennell Phone #: 617-876-8800

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)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/06/2010

<b>PRODUCER</b> MARSH USA INC. ATTN: JANET T. NORMAN 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036		THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
37986 -MAIN--09-10      XXX    415	<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> QUEST DIAGNOSTICS INCORPORATED AND ITS WHOLLY OWNED SUBSIDIARIES 3 GIRALDA FARMS MADISON, NJ 07940	INSURER A: Quest Diagnostics Incorporated		
	INSURER B: Travelers Prop. Casualty Co. Of America		25674
	INSURER C: N/A		N/A
	INSURER D: Lexington Insurance Company		19437
	INSURER E:		

### COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	"\$2,000,000 SELF INSURED RETENTION"	12/31/2009	12/31/2010	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES(Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$
B		<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	TC2JCAP-266T3603-TIL-09	12/31/2009	12/31/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
D		<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	8124655	12/31/2009	12/31/2010	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ \$ \$
B	B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	TC2JUB-266T3523-TIL-09 (DED) TRJUB-266T3535-TIL-09 (RETRO)	12/31/2009 12/31/2009	12/31/2010 12/31/2010	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A		<b>OTHER PROFESSIONAL LIAB. CLAIMS MADE</b>	SELF-INSURED RETENTION	12/31/2009	12/31/2010	\$5,000,000 (SIR)

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 RE: EVIDENCE OF INSURANCE

<b>CERTIFICATE HOLDER</b> NYC-003437422-13  QUEST DIAGNOSTICS 415 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Marla Nicholson <i>Marla Nicholson</i>
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City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

- 1. Exact name of taxpayer/applicant's business: J. R. Fennell Limited Partnership
- 2. Address of taxpayer/applicant's business in Somerville: 92 - 94 Prospect St
- 3. Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
- 4. Taxpayer/applicant's phone: day: 617-876-8800 evening: 617-876-8800

I, Kathleen M. Fennell, 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 8 day of April, 2009. [Signature]  
(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: \_\_\_\_\_

# 23701160      # 125055001      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: 4

ORIGINAL STAMP:

**received**  
4-4-10