NEW

O AUTOS IN, 14 OUT

Application Fee \$550.00	FOR CITY CLERK'S OFFICE ONLY
Date 4/10/12	Date Recorded Amount Paid
✓ New Application Check of	ne:Class 1Class 2Class 3
Renewing Application with Additions or Changes	
Renewing Application with NO Additions or Chan	ges
Business (DBA) Name: Beacon and Park Ava Business Location (with Zip Code): 75 Park	
Applicant's Legal Name: Ruc Auto Gaso	· ·
Applicant's Address (with Zip Code): 75 Park S	
Applicant's Email Address: Twe 7174 @ con	
Applicant's Federal Employer Identification Number	
Mailing Name (where we should send correspondence to):	
Mailing Address (with Zip Code): B REWhard	DR. NORTON MA OZILL
Emergency Contact: Russell W. Childers	Phone: 774-265 0439
· · · · · · · · · · · · · · · · · · ·	rPartnership (inc. LLP)Trust inc. LLC)Other
IF A SOLE PROPRIETOR:	
Owner's Name:	
Address with Zip Code:	
IF A PARTNERSHIP, TRUST OR CORPORATION	(Attach additional sheets as needed):
Partner's/Member's/President's Name: Russel	(W. Childers
Address with Zip Code: g Reinh	ard DR. NORTON WA 027LL
Partner's/Member's/Secretary's Name:	
Address with Zip Code:	
Partner's/Member's/Treasurer's Name:	
Address with Zip Code:	

Are you engaged principally in the motor vehicles?	e business of buying, selling or	exchanging	Y
Is your principal business the sale	of new motor vehicles?		Y
If yes, are you a recognized ag manufacturer, or do you have of a motor vehicle manufactur	authority to sell the vehicles	Y_N_	
If yes, provide the name of the	e manufacturer(s):	· .	
Is your principal business the buy	ing and selling of second hand r	notor vehicles?	Y
If yes, have you obtained a \$2 MGL c. 140 § 58, for this bus		Y N	
If yes, do you have access to a the warranty obligations impo	a repair facility to comply with sed by MGL c. 90 § 7N ¹ /4?	Y_N	
If yes, provide the name of the	e repair facility: CLM A	utomotive	
Is your principal business that of	a motor vehicle junk dealer?		Y
		hicles or narts?	v
Have you ever obtained a license		incles of parts.	-
If yes, list year, city and state			
Have you ever been denied a licer	nse to deal in second hand moto	r vehicles or parts?	Y
If yes, list year, city and state			
			*
Have you ever had a license to de or suspended?	eal in second hand motor vehicle	s or parts revoked	Y
-			
Describe all of the premises to be PANKING OF	e used in the business: <u>Sales</u>		
The hours of operation for used co			ÆS.
AM to 2 PM, and Sunday, Closed	l. If you require different hours o	f operation, list then	an
Δ Λ	by appointment only.		

ACKNOWLEDGEMENT

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 December 31, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.
Signature of Applicant: Will While Date 4/17/12
Business Name: RWC AUTO GROUP LLC
Business Address: 75 Park St. Smerville MA 02143
FOR NEW APPLICANTS:
INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:
The building located at the premises mentioned above is in a
The use is permitted as of right
The use requires a special permit
The use is prohibited The use is prohibited The use is prohibited
Class 1 & 2: Maximum number of vehicles to be kept on the premises: inside
TAKIY IILAGOUSIDE YOUR
Signature:
Print Name: Ebbis Nino Title: Superidendut
POLICE DEPARTMENT RECOMMENDATION:
The Chief of Police recommends that the application be
Approved
Signature: Double Wall. Cah Name and Title: Cabral, Michael S. Double Chief of Police

Massachusetts



SECOND HAND MOTOR VEHICLE DEALER BOND (Mass. Gen. Laws Ann. 140, § 58(c))

	Bond No	/1261989
KNOW ALL PERSONS BY THESE PRESENTS:	Effective Date:	April 18, 2012
That we, RWC Auto Group, LLC as Principal, and WESTERN SURETY COMPANY, a corpor Commonwealth of Massachusetts, as Surety, are held and firmly be Principal and who suffer loss on account of a breach of the condition exceed TWENTY-FIVE THOUSAND AND NO/100 DOLLARS (\$25 be made, we bind ourselves and our legal representatives, firmly by	ound unto persons who pu on of this bond described be ,000.00), for the payment o	elow, in the sum of not to
WHEREAS, the Principal is a second hand motor vehicle dealer an financial responsibility pursuant to Mass. Gen. Laws Ann. 140, § 58	d is required to furnish a b (c)(1).	ond or equivalent proof of
NOW, THEREFORE, the condition of this obligation is such that damages, not to exceed the amount of this bond, to any person we suffers loss on account of: (a) the Principal's default or nonpayment Principal for the purchase of motor vehicles; (b) the Principal's failure vehicle, a valid motor vehicle title certificate free and clear of any created by or expressly assumed in writing by the buyer of the vehicle Principal was a stolen vehicle; (d) the Principal's failure to disc (e) the Principal's unfair and deceptive acts or practices, misrepress to honor a warranty claim or arbitration order in a retail transactive vehicle traded in as part of a transaction to purchase a vehicle when the lien, then this obligation to be void; otherwise to remain in full for the principal's such as a part of a transaction to purchase a vehicle when	to purchases a vehicle fro t of valid bank drafts, inclu- ure to deliver, in conjunction y prior owner's interests and cle; (c) the fact that the mot close the vehicle's actual materials, failure to disclost on; or (f) the Principal's fainthe Principal had assume	om the Principal and who ading checks drawn by the on with the sale of a motor and all liens, except a lien tor vehicle purchased from alleage at the time of sale; se material facts or failure to pay off a lien on a
PROVIDED, that recovery against this bond may be made only by competent jurisdiction against the Principal for an act or omission occurred during the term of this bond. No suit may be made brought within one (1) year after the event giving rise to the cause omissions described above. The Surety shall not be liable for total the number of claims made against this bond or the number of years.	on on which this bond is aintained to enforce any lis of action. This bond shall I claims in excess of the bo	conditioned, if the act or ability on this bond unless I cover only those acts and ond amount, regardless of
This bond shall be continuous and may be cancelled by the Scancellation to the municipal licensing authority at <u>City of Some 93 Highland Avenue</u> , Somerville, MA 02143	urety by giving thirty (30 erville,)) days' written notice of
by First Class U.S. Mail. Address		
Dated this 18th day of April , 2012 RET CONTROL OF THE PROPERTY OF THE PROPER	By falt.	OMPANY, Surety Bruflat, Senior Vice President

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE	PRESENTS:
-----------------------	-----------

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and
authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut,
Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine,
Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey,
New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina,
South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United
States of America, does hereby make, constitute and appoint
Paul T. Bruffat of Sioux Falls ,
State of South Dakota its regularly elected Senior Vice President ,
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on
its behalf as Surety and as its act and deed, the following bond:
One SECOND HAND MOTOR VEHICLE DEALER
bond with bond number71261989
for RWC AUTO GROUP, LLC
as Principal in the penalty amount not to exceed: \$25,000.00
Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company
duly adopted and now in force, to-wit: Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate
name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the
Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint
Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is
not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any
such officer and the corporate seal may be printed by facsimile.
In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its Senior Vice President with the corporate seal affixed this 18th day of April
2012
ATTEST WESTERN SURETY COMPANY
ALIES!
J. nelson By Talt. Bufft
L. Nelson, Assistant Secretary Paul T. Bruffat, Senior Vice President
Marie Control of the
SO ADDRAGE
CTATE OF COUTH DAVOTA
STATE OF SOUTH DAKOTA
COUNTY OF MINNEHAHA
On this 18th day of April , 2012 , before me, a Notary Public, personally appeared
Paul T. Bruffat and L. Nelson
who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Senior Vice President
and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the
voluntary act and deed of said Corporation.
D. KRELL
NOTARY PUBLIC SEAL)
Notary Public

My Commission Expires November 30, 2012 Form F1975-9-2006



CITY OF SOMERVILLE, MASSACHUSETTS CITY CLERK'S OFFICE

JOSEPH A. CURTATONE MAYOR

JOHN J. LONG
CITY CLERK

April 27, 2012

To an Abutter or Interested Party:

You are receiving this letter because the City of Somerville's records indicate that you own property within 300 feet of 75 Park Street.

A Public Hearing for all persons interested will be held before the Somerville Board of Aldermen, Committee on Licenses and Permits, in the Committee Room, City Hall, 2nd Floor, 93 Highland Avenue, Somerville, MA, 02143, on Wednesday, May 9, 20121, at 6:00 PM, to consider the following matter:

RWC Auto Group LLC dba Beacon and Park Auto Sales has requested a new Used Car Dealer Class 2 License, at 75 Park Street, for no vehicles stored inside and 14 vehicles stored outside, for the following hours: Monday-Friday 8AM-6PM, Saturday 8AM-2PM, Sunday by appointment only.

You, the abutter or interested party, are invited to appear and be heard at this Hearing.

Sincerely,

John J. Long City Clerk

SOMERVILLE, MA

			SOMERVILLE,	E, MA			
					,		
it Alternate	- 1	be Location	Grantee	Co grantee~s Name	Mailing Address	City	St Zip
	16	IVALOO ST	GARBARINO PAULA J		16 IVALOO ST	SOMERVILLE	MA 02143
	œ	IVALOO ST	SHIELDS PETER & MARGARITA		28 JAMESON RD	NOEWEN	
	53	PARK ST	WALDEN PROPERTIES INC	C/O ALEZA BEAUVAIS, PRESI	128	ATHOL	
	m	MORGAN ST	SUEN SUET ISANG	CHEUNG YUE YUNG	3 MORGAN ST.	SOMERVILLE	
	ro	MORGAN ST	AVERY MICHAEL P		10 WESTWOOD RD	SOMERVILLE	
	7	MORGAN ST	SHORE CECILIA F		7 MORGAN ST	SOMERVILLE	
	o,	MORGAN ST	KELMER RHONDA HALL	STOWELL R. R. KELMER	9 MORGAN ST	SOMERVILLE	
	11	MORGAN ST	GARELICK JON S &	SIMON CLEA		SOMERVILLE	
	13	MORGAN ST	PERRY EUGENE J	-		SOMERVILLE	
	15	MORGAN ST	PERRIELLO J MICHAEL & LYNN D			SOMERVILLE	
	1.7	MORGAN ST	QUENSE CATHERINE	AHLSTROM J A		SOMERVILLE	
	199	BEACON ST	PIGNATIELLO JOSEPH A TRUSTEE	THE PIG FAMILY REALTY TRU	1 PARK PL	SOMERVILLE	
16	205	BEACON ST	FARIELLO GABRIELE		205 BEACON ST	SOMERVILLE	
	44	IVALOO ST	GOEL SHOM		44 IVALOO ST #1	SOMERVILLE	MA 02143
	44	IVALOO ST	HUTCHINGS DAVID J		44 IVALOO ST #2	SOMERVILLE	MA 02143
	42	IVALOO ST	SPARK FRANCES	· s	42 IVALOO ST	SOMERVILLE	MA 02143
	36	IVALOO ST	REGIS SUSAN E		36 IVALOO ST #1	SOMERVILLE	MA 02143
	38	IVALOO ST	DEVINE JOHN P		265 MEDFORD ST SULTE 101	SOMERVILLE	MA 02143
	38	IVALOO ST	DEVINE JOHN P		265 MEDFORD ST., SUITE 101	SOMERVILLE	MA 02143
	36~38	38 IVALOO ST					
	. 32	IVALOO ST	BENOIT JOSEPH C & MARILYN T		95A ELM ST	SOMERVILLE	MA 02143
	30	IVALOO ST	BATTERTON MICHAEL JE	BAERBEL D	30 IVALOO ST	SOMERVILLE	MA 02143
	26	IVALOO ST	MUSCELLA DEBORAH		26 IVALOO ST	SOMERVILLE	MA 02143
	φ	MORGAN ST	BREWNER NEIL J		6 MORGAN ST	SOMERVILLE	MA 02145
	63	PARK ST	LI XIU HONG		47 GRANT AVE	BELMONT	MA 02478
	67	PARK ST	CAI WENDY JUNWEN		67 PARK ST	SOMERVILLE	MA 02143
	71	PARK ST	PIERCE HOLDINGS LLC		61ST ST #7	NEWBURYPORT	MA 01950
	73	PARK ST	MATHAI KIMBERLY H		3216 11TH AVENUE W	SEATTLE	WA 98119
7	9 1	PARK ST	PEABODY CLAYTON S JR & JEAN K		11 GLEASON ST	WATERTOWN	MA 02472
	0		MATHAI KIMBERLY J		3216 11TH AVE W	SEATTLE	WA 98119
	14		AXTMAN KARL F & MAY L	C/O ESTABROOK JAMES	17 WATERHOUSE ST	SOMERVILLE	MA 02144
	70	MORGAN ST	O'CONNOR MICHAEL TRUSTEE	O'CONNOR REALTY TRUST	12 MORGAN ST	SOMERVILLE	MA 02143
	41		TRUST SAMUEL BACKER INSURANCE	C/O TRIBECA MANAGEMENT	0	SOMERVILLE	MA 02143
	213	BEACON ST	di.	54	P O BOX 187	SOMERVILLE	MA 02143
	60	PARK ST	DEVORE IRVEN	C/O HILLYER THEYER	Park	SOMERVILLE	MA 02143~36
	62	PARK ST				SOMERVILLE	MA 02143
	12	ELIOT ST	S ANNA A		12 ELIOT ST	SOMERVILLE	MA 02143-36
	10	ELIOT ST	FIGUEIREDO ROSANNA & LEVATO RO	RO 10 ELIOT STREET REALTY TR	R 22 LOVELL ST	SOMERVILLE	MA 02144
	Q	ELIOT ST	TRUST 6 ELIOT STREET REALTY	COVELL STEPHEN A TRSTE	6 ELIOT ST	SOMERVILLE	MA 02143
	82	PROPERZI WAY	RIGAZIO MICHAEL A & KAREN E TR	TR MARKER REALTY TRUST	93 PROPERZI WAY	SOMERVILLE	MA 02143
თ	175	BEACON ST	BEACON ASSOCIATES INC		PO BOX 45014	SOMERVILLE	MA 02145
20070200	O)	ARNOLD CT	GOLDBERG NAOMI B	GLOVER JAMES W	9 ARNOLD CT	SOMERVILLE	MA 02143
20070210	11	ARNOLD CT	WHITNEY DANIEL C	PEARSON ANN M	11 ARNOLD CT	SOMERVILLE	MA 02143
	ഗ	ARNOLD CT	GFY INC		P.O. BOX 5531	BEVERLY FARMS	MA 01915
	ო	ARNOLD CT	ABE REAL ESTATE LLC		10 WILDWOOD RD	MEDFORD	MA 02155
,	185	BEACON ST	BATMASIAN JAMES H & MARTA T	C/O INVESTMENT LTD	215 N FEDERAL HWY	BOCA RATON	FL 33432
					•		

SOMERVILLE, MA

	Stree	96					
.t Alternate		Numbe Location	Grantee	Co grantee~s Name	Mailing Address	City	St Zip
	74	PARK ST	KRAMER JUDY A	WAGNER MARK R	5 MALCOLM RD	CAMBRIDGE	MA 02138
20078520	70	PARK ST	MENKITI IFBANYI A TRUSTEE	C/O INTEGRATED REAL ESTAT	P O BOX 440293	SOMERVILLE	MA 02144
.20078530	7.0	PARK ST	SCANLON CHRISTOPHER J & ANITA		70 PARK ST #12	SOMERVILLE	MA 02143
20078540	7.0	PARK ST	WONG GEE		70 PARK ST #14	SOMERVILLE	MA 02143
20078550	70	PARK ST	MENKITI IFEANYI A TRUSTEE	C/O INTEGRATED REAL ESTAT	P O BOX 440293	SOMERVILLE	MA 02144
20078560	7.0	PARK ST	MENKITI IFEANXI A TRUSTEE	C/O INTEGRATED REAL ESTAT P O BOX 440293	P O BOX 440293	SOMERVILLE	MA 02144
20078570	7.0	PARK ST	BERKOWITZ SETH C		70 PARK ST #22	SOMERVILLE	MA 02143
20078580	70	PARK ST	LUO TUOPING		276 WAITERTOWN ST	NEWTON	MA 02458
20078590	70	PARK ST	OSUAGWU CHUKWUMA J		70 PARK ST #24	SOMERVILLE	MA 02143
20078600	70	PARK ST	KAMLET ADAM S	CRONICAN JR JAMES J	70 PARK ST #31	SOMERVILLE	MA 02143
20078610	70	PARK ST	CAVANAUGH JOHN	CAVANAUGH STEVEN	796 RIVER RD	CHATHAM	NJ 07928
20078620	70	PARK ST	KEOGH DERMOT		70 PARK ST #33	SOMERVILLE	MA 02143
20078630	70	PARK ST	DEMELLO GEORGINA M		70 PARK ST #34	SOMERVILLE	MA 02143
20078640	70	PARK ST	MENKITI IFEANYI A TRUSTEE	C/O INTEGRATED REAL ESTAT	P O BOX 440293	SOMERVILLE	MA 02144
20078650	7.0	PARK ST	COELHO ARMANDO H TRUSTEE	LAUREL PARK REALTY TRUST	47 LAUREL ST	SOMERVILLE	MA 02143
20078660	70	PARK ST	GIZA KEITH J		70 PARK ST #43	SOMERVILLE	MA 02143
20078670	70	PARK ST	XIANG NAN		70 PARK ST #44	SOMERVILLE	MA 02143
20078680	7.0	PARK ST	MENKITI IFEANYI A TRUSTEE	C/O INTEGRATED REAL ESTAT	P O BOX 440293	SOMERVILLE	MA 02144
20078690	70	PARK ST	MENKITI IFEANYI A TRUSTEE	C/O INTEGRATED REAL ESTAT	P O BOX 440293	SOMERVILLE	MA 02144
20078700	70	PARK ST	MENKITI IFEANYI A TRUSTRE	C/O INTEGRATED REAL ESTAT	P O BOX 440293	SOMERVILLE	MA 02144
20078710	70	PARK ST	MENKITI IFEANYI A TRUSTEE	C/O INTEGRATED REAL ESTAT	P O BOX 440293	SOMERVILLE	MA 02144
20078720	70	PARK ST	MENKITI IFEANYI A TRUSTEE	C/O INTEGRATED REAL ESTAT	P O BOX 440293	SOMERVILLE	MA 02144
20078730	70	PARK ST	HONN DAVID		105 SCHOOL ST	ACTON	MA 01720
20078740	70	PARK ST	KHACHATURIAN ALEXAN & HILDA		43 SPRING VALLEY RD	BELMONT	MA 02478
20078750	7.0	PARK ST	MENKITI IFEANYI A TRUSTEE	C/O INTEGRATED REAL ESTAT	P O BOX 440293	SOMERVILLE	MA 02144
	64	PARK ST	RIGAZIO MICHAEL A & KAREN E TR	PARK STREET REALTY TRUST	93 PROPERZI WAY	SOMERVILLE	MA 02143



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)

455041821

- * 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.

^{**}Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)



City of Somerville, Massachusetts Finance Department, Treasury Division

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

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business:	RUC Auto Group LLC					
Address of taxpayer/applicant's business in Somerville: 15 Park St.						
Address of taxpayer/applicant's home in Somerville:						
Taxpayer/applicant's phone: day: 774-265-0439 evening:						
I, (print name) Russell W. Childres certify that all the information contained herein is to have been paid or that the Taxpayer has entered in current on said agreement.	ue and correct and all taxes and fees due the City					
SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this day of						
APRIL , 2012. When U Child (Taxpayer's signature)						
	(Taxpayer's signature)					
CITY'S ACKNOV	VLEDGEMENT					
DATE OF ISSUANCE: INCLUD	ES RELEVANT POSTINGS THROUGH:					
TAXES AND ACCOUNT NUMBER(S) INCLU	UDED IN CERTIFICATE:					
Real Estate Water/Sewer	☐ Personal Property ☐ Other:					
# 11393 # 245627001	# N/A formal #					
NOTES:	DECTION.					
CLERK'S INITIALS:	ORIGINAL STAMP					

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:		,		
Name: PLUC Auto C	Shorp LLC			
Name: RWC Auto C Address: 75 Park St		·		
city: Somerville	State: MA	Zip: 0243	Phone #:	774-265-0439
I am an employer with 2 em (full and/or part time). I am a sole proprietor or partners employees. We are a corporation that has exe exemption per c152 s1(4), and h We are a nonprofit organization volunteers and have no employe	hip and have no ercised our right of ave no employees. staffed by	Restaurant/Ba Office and/or Nonprofit Entertainmen Manufacturin Health Care	Sales (real o	estate, auto, etc.)
Workers' compensation insurance	information (if applica	able):		
Insurance Company Name: A	IM MUTUAL I	ns Co		
Address: 54 Thin	d Ave	-		
City: BURLINGTON	State: MA	Zip: 01803	Phone #:	800-876-2765
City: BURLINGTON Policy #: 000951017	Group lovi 304		Expiration	Date: 4/18/13
Applicant certification:				
Failure to secure coverage as require a fine up to \$1,500.00 and/or one yea and a fine of \$100.00 a day against Investigations of the DIA for covera	rrs' imprisonment as well me. I understand that a	l as civil penalties ii	n the form of	a STOP WORK ORDER
I do hereby certify under the pains a		hat the information	provided ab	ove is true and correct.
Signature: Ussel W	Chillen		Date: 4	19/12
Print Name: Russell W	Childers			
			/	
Official use only. D	o not write in this area.	To be completed b	y city or tow	n official.
City or Town:	Permit/Licen.	se #:		Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office
Contact Person:	Phone #:			Other

(revised Jan. 2008)