

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

BRIAN GODFROY
50 WEBSTER AVENUE
SOMERVILLE MA 02143

LIC #: 2012-115
B.O.A.#

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ___ Auto Body Work: ___ Parking or Storing Vehicles: X

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 \$550.00 not
later than April 30, 2012. 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: BEACON SALES COMPANY TEL: 617-666-2800
Company Address: 00050 WEBSTER AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Ship ___ Other ___
Gov't Partner

Owner Name: BRIAN GODFROY TEL: _____

Owner Address: 50 WEBSTER AVENUE

Owner City: SOMERVILLE State: MA Zip: 02143

FID#: 364173366

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 04/30/2012, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

LICENSE #: 2012-115
FEE: \$550.00

This is to certify: BRIAN GODFROY
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 02/20/1951

Garage situated at: 00050 WEBSTER AV
Doing business as : BEACON SALES COMPANY
Shall not exceed: 8 Vehicles Inside
in addition the following restrictions apply:
ALL 8 AUTOS INSIDE BUILDING

CITY CLERK'S OFFICE
SOMERVILLE, MA
2012 MAR 29 PM 3:09

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


Signature of Applicant

50 Webster Ave.
Address

Somerville, MA 02143
City State Zip

** Office Use Only **
Mailed
Taken
Received: 3/29/12 -MS
#550.00 ck# 8142128
City Clerk

IMPORTANT

ACT 661
LIC 779

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: Beacon Sales Co.

Somerville Address and Zip Code: 50 Webster Ave., Somerville, MA

Phone Number of the Business: (617) 666-2800

The Legal Name of the License Holder: Beacon Sales Co.

Street Address of the License Holder: 50 Webster Ave, Somerville, MA 02143

City, State and Zip Code of the License Holder: _____

Phone Number of the License Holder: (617) 666-2800

Email Address of the License Holder: _____

Where We Should Send Mail: Name: Beacon Sales Co.

Street Address: 50 Webster Ave.,

City, State and Zip Code: Somerville, MA 02143

Email: _____

Phone Number: (617) 666-2800

Federal ID # (Do Not Give a Social Security #): 36-4173366

Emergency Contact and Phone (For Fire Dept. Use): Richard Boisvert-617-719-1680

Type of Business (Check Only One and Give the Names Indicated):

Sole Proprietor: Name of Owner: _____

Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

Trust: Names of All Trustees Who Own More Than 10%: _____

Corporation (inc. LLC): Name of President: James MacKimm

Name of Secretary: _____

Name of Treasurer: _____

Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: _____

Brian Godfroy-Controller

Date 3/26/12

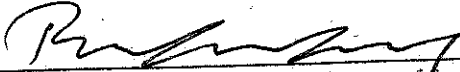
MASSACHUSETTS DEPARTMENT OF REVENUE

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.

Beacon Sales Co.

* Signature of Individual or Corporate Name (Mandatory)



Brian Godfroy

By: Corporate Officer (Mandatory, if a corporation)

36-4173366

** 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.



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: Beacon Sales Co.

Address of taxpayer/applicant's business in Somerville: 50 Webster Ave.

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

Taxpayer/applicant's phone: day: 617-666-2800 evening: Same

I, (print name) Brian Godfroy, 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 26th day of

March, 20 12. *Brian Godfroy*
(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: _____

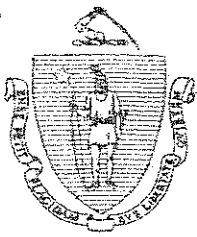
15722 # 124075001 # 1367 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP: 

RECEIVED
UBandJ
3-26-12



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street, 7th Floor
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: Beacon Sales Co.

address: 50 Webster Ave.

city Somerville state: MA zip: 02143 phone # (617) 666-2800

work site location (full address): _____

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 24 employees (full & part time). Other Wholesaler

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

company name: AIG American Home Assurance

address: P.O. Box 1821

city: Alpharetta phone #: 877-638-4244

insurance co. policy # WC1549245

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 3/26/12

Print name Brian Godfroy Phone # 617-666-2800

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)