

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

APCA THIRD AVENUE, LLC
200 STATE STREET, 3RD FLOOR
BOSTON MA 02109

LIC #: 2012-260
B.O.A.# 189507

*** 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: APCA THIRD AVENUE LLC TEL: 617-451-9800
Company Address: 00048 THIRD AV (MUNREG)

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: APCA THIRD AVENUE, LLC TEL: 617-451-9800

Owner Address: 200 STATE STREET, 3RD FLOOR

Owner City: BOSTON State: MA Zip: 02109

FID#: 262884573

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 NOT OPEN TO THE PUBLIC *** LICENSE #: 2012-260
FEE: \$550.00

This is to certify: APCA THIRD AVENUE, LLC
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 05/27/2010

Garage situated at: 00048 THIRD AV (MUNREG)

Doing business as : APCA THIRD AVENUE LLC

Shall not exceed: 42 Vehicles Inside

in addition the following restrictions apply:

CITY CLERK'S OFFICE
SOMERVILLE, MA
2012 MAR 29 -A.11:11

This renewal certificate must be signed by the holder of the license.

Check One: Owner [X] Occupant ___ Holder ___

Signature of Applicant

200 State St, 3rd Floor
Address

Boston MA 02109
City State Zip

** Office Use Only **

Mailed [X]
Taken [X]

Received: 3/29/12 - MS

\$550.00 ck# 1210
City Clerk

IMPORTANT

#648
LIC 765

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: APCA Third Avenue, LLC
 Somerville Address and Zip Code: 48 Third Avenue
 Phone Number of the Business: 617-451-9800

The Legal Name of the License Holder: APCA Third Avenue, LLC
 Street Address of the License Holder: 200 State Street, 3rd Floor
 City, State and Zip Code of the License Holder: Boston, MA 02109
 Phone Number of the License Holder: 617-451-9800
 Email Address of the License Holder: vrey@paradigmprop.com

Where We Should Send Mail: Name: Paradigm Properties, LLC
 Street Address: 200 State Street, 3rd Floor
 City, State and Zip Code: Boston, MA 02109
 Email: vrey@paradigmprop.com
 Phone Number: 617-451-9800

Federal ID # (Do Not Give a Social Security #): 262884573

Emergency Contact and Phone (For Fire Dept. Use): Quincy Telemessaging 617-979-0277

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: Kevin McCall
 Name of Secretary: Michael Pollack
 Name of Treasurer: John Shepherd
 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: [Signature] Date 3/23/2012

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.

ARCA Third Avenue, LLC

* Signature of Individual or Corporate Name (Mandatory)

[Signature]

By: Corporate Officer (Mandatory, if a corporation)

262884573

** 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: APCA Third Avenue, LLC

Address of taxpayer/applicant's business in Somerville: 44-48 Third Avenue

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

Taxpayer/applicant's phone: day: 617 451-9800 evening: _____

I, (print name) Kevin McCall, Authorized Signatory 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 23rd day of

March, 20 12.

[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: _____

14652 # 551001044 # 1228 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED
Baran

3-29-12



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: N/A - User is Federal Government; Storage
 address: use not open to the public
 city: _____ state: _____ zip: _____ phone #: _____

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 _____ employees (full & part time). Other
 I am an employer providing workers' compensation for my employees working on this job.

company name: _____
 address: _____
 city: _____ phone #: _____
 insurance co. _____ policy # _____

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 _____ Date _____
 Print name _____ Phone # _____

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)