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

MARTIN A. HENRY
14 BROADWAY
SOMERVILLE   MA 02145

LIC #: 2010-016
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: BROADWAY HENRY LLC   TEL: 617-666-4805
Company Address: 00028 -00030 BROADWAY

        City: SOMERVILLE   State: MA   Zip: 02145
Check One: Gov't   Partner
Individual: ___ Co: ___ Corp: ___ Trust: ___ Agency ___ Ship ___ Other ___
    Owner Name: MARTIN A. HENRY   TEL: 617-666-4805
 Owner Address: 14 BROADWAY

    Owner City: SOMERVILLE   State: MA   Zip: 02145
        FID#: 043513528
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 *****   Very truly yours,
    MONDAY-FRIDAY: 08:00 AM-06:00 PM
        SATURDAY: 08:00 AM-02:00 PM
          SUNDAY: CLOSED

                                                John J. Long
                                                City Clerk

    ---------- OUR CURRENT INFORMATION SHOWS ---------
        -- GARAGE OPEN TO THE PUBLIC --   LICENSE #: 2010-016
                                                FEE: $500.00
This is to certify: MARTIN A. HENRY
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 11/29/1921
Garage situated at: 00028 -00030 BROADWAY
Doing business as : BROADWAY HENRY LLC
Shall not exceed: 4 Vehicles Inside & 6 Vehicles Outside, not on public ways
in addition the following restrictions apply:
    NO SPRAY PAINTING

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

Martin A Henry
Signature of Applicant

14 Broadway
Address

Somerville Ma 02145
City   State   Zip

| ** Office Use Only ** |
| Mailed _____ |
| Taken ✓ |
| Received: $500.⁰⁰ ck# 1441 |
| 9/1/10 - ms |
| City Clerk |

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: *Broadway Henry LLC*

2. Address of taxpayer/applicant's business in Somerville: *14 Broadway*

3. Address of taxpayer/applicant's home in Somerville: *12 Broadway*

4. Taxpayer/applicant's phone: day: *617 666 4805* evening: *617 335 1200*

I, *Martin le Henry*, 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 ___*1st*___ day of

___*September*___, 20*10*. *Martin le Henry*
(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: _____

08314141   # *10103602H*   # *66650019*   # _____

NOTES:

CLERK'S INITIALS: _____*UB*_____   ORIGINAL STAMP: **received** *9-1-10*

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: **BROADWAY HENRY LLc**

address: **14 BROADWAY**

city **SOMERVILLe**   state: **MA**   zip: **02145**   phone # **617 666 4805**

work site location (full address): _____

[✓] I am a sole proprietor and have no one   **Business Type:** [ ] Retail [ ] Restaurant/Bar/Eating Establishment
working in any capacity.   [ ] 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 polices:

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 **Martin A. Henry**   Date **9/1/10**

Print name **MARTIN A. HENRY**   Phone # **617 666-4805**

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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

[ ] check if immediate response is required   [ ] Selectmen's Office

                                                  [ ] Health Department

contact person: _____ phone #: _____ [ ] Other_____
(revised Sept. 2003)

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.

Broadway Henry LLC

* Signature of Individual or Corporate Name (Mandatory)

Martin A. Henry

By: Corporate Officer (Mandatory, if a corporation)

04-3513525

** 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.