



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW GARAGE LICENSE

GOODYEAR TIRE & RUBBER CO., INC.
1144 EAST MARKET ST
AKRON, OH 44316

License #: 590
City #G222
Fee: 550.00
Account ID: 478
Reference #: 590

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: For GOODYEAR AUTO SERVICE CENTER Business Location: 1 BOW ST Business Phone: 617-628-7800	<div style="transform: rotate(-90deg); transform-origin: center;"> 2013 APR 11 P 12:25 CITY CLERK'S OFFICE SOMERVILLE, MA </div>
License Holder: GOODYEAR TIRE & RUBBER CO., INC. 1144 EAST MARKET ST AKRON, OH 44316 617-628-7800 <i>D/704 Attn: Larry Robert</i> <i>200 Innovation Way</i>	
Mailing Address: GOODYEAR TIRE & RUBBER CO., INC. AKRON, OH 44316 <i>SAME AS ABOVE</i>	
Business Type: CORPORATION (INC. LLC) SECRETARY - DAVID BIALOSKY PRESIDENT - RICHARD KRAMER <i>TREASURER - Scott Honnold</i>	
FID: 340253240	
Food Manager/Emergency Contact: TYRONE LEE 774-306-2324	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-SA 7AM-7PM, SU 11AM-5PM**

OPEN TO THE PUBLIC

- 1 MECHANICAL REPAIRS
- 6 VEHICLES
- 6 VEHICLES INSIDE

Description of Location and/or Other Conditions:

Originally Issued 12/14/2000. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

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 BOARD OF ALDERMEN.

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

Signature: *Larry Robert* Date: 3-14-13
Print Name: Larry Robert Phone: 330-796-7860

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

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

- ☐ I am an employer with _____ employees (full and/or part time).
☐ I am a sole proprietor or partnership and have no employees.
☒ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
☐ We are a nonprofit organization staffed by volunteers and have no employees.

Business Type:

- ☒ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: _____ Expiration Date: _____

Applicant certification:

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: Harry Robert Date: 3-14-13

Print Name: Harry Robert

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

Contact Person: _____ Phone #: _____

- ☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____

INSURANCE VERIFICATION

[Property](#)[Auto Liability](#)[General/Product Liability](#)[Workers's Comp](#)[Terms and Conditions](#)**Worker's Compensation Insurance - U.S.**

Viewing of this screen presumes that you have read and understand the Terms & Conditions, if you have not, please do so now.

Insurer	Company A: Liberty Mutual Insurance Company
Insured	Goodyear and its subsidiary companies including The Kelly-Springfield Tire Company, Goodyear Dunlop Tires North America, LTD and Wingfoot Commercial Tire Systems, LLC
Limits	W/C Statutory
Policy Period	1/1/2013 - 1/1/2014

Policy Number(s)	Policy Territory
WA7-C8D-004151-053	All Other States
WC7-C81-004151-063	OR, WI
WA7-C8D-004151-103	MN

GOODYEAR

DUNLOP

KELLY'S TIRES

Sava

FULDA

[ABOUT GOODYEAR](#) | [TERMS & CONDITIONS AND PRIVACY POLICY](#) | [COPYRIGHT](#)



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: GOODYEAR AUTO SERVICE CENTER

Address of taxpayer/applicant's business in Somerville: 1 BOW ST, SOMERVILLE, MA

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

Taxpayer/applicant's phone: day: 617-628-7800 evening: NA

I, (print name) _____, 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 _____ day of _____, 20____. _____
(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: _____

04188007 # 12305700 # 61 # _____

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP:

