

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

THOMAS LYNCH
80 MORRISON AVENUE
SOMERVILLE MA 02144

LIC #: 2012-053
B.O.A.# 174012

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: X 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 \$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: PETE'S BOY'S, INC. TEL: 617-628-1150
Company Address: 00229 R LOWELL ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: Co: Corp: X Trust: Agency: Ship: Other:
Gov't Partner
Owner Name: THOMAS LYNCH TEL: 617-312-3936
Owner Address: 80 MORRISON AVENUE

Owner City: SOMERVILLE State: MA Zip: 02144
FID#: 300175654

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 OPERATIONS *****
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 #: 2012-053
FEE: \$550.00

This is to certify: THOMAS LYNCH
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 03/22/1923

Garage situated at: 00229 R LOWELL ST
Doing business as : PETE'S BOY'S, INC.
Shall not exceed: 50 Vehicles Inside
in addition the following restrictions apply:
GARAGE - NEW OWNER AS OF 2003

CITY OF SOMERVILLE
OFFICE OF THE CITY CLERK
2012 APR - 4 P 3:35

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

[Signature]
Signature of Applicant
807 Lowell St - Morrison Ave
Address
Somerville MA 02144
City State Zip

** Office Use Only **
Mailed
Taken
Received: 4/4/12-MS
\$550.00 ck# 2295
City Clerk

IMPORTANT

#605

REF 721

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: Pete's Bays Inc.
 Somerville Address and Zip Code: 209 Laurel St
 Phone Number of the Business: 617-628-1100

The Legal Name of the License Holder: Pete's Bays Inc.
 Street Address of the License Holder: 209 Laurel St
 City, State and Zip Code of the License Holder: Somerville MA 02144
 Phone Number of the License Holder: 617-628-1100
 Email Address of the License Holder: _____

Where We Should Send Mail: Name: Tom Lynch
 Street Address: 80 Morrison Ave
 City, State and Zip Code: Somerville MA 02144
 Email: _____
 Phone Number: 617-628-1100

Federal ID # (Do Not Give a Social Security #): 30-0175654

Emergency Contact and Phone (For Fire Dept. Use): 617-872-2930

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: Tom Lynch
 Name of Secretary: Tom Lynch
 Name of Treasurer: Tom Lynch
 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:  Date 7-4-2012

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.

Pete's Bay's Inc.

* Signature of Individual or Corporate Name (Mandatory)

[Signature]

By: Corporate Officer (Mandatory, if a corporation)

30-0175084

** 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: Roki Copy DC
Address of taxpayer/applicant's business in Somerville: 929 Lowell St
Address of taxpayer/applicant's home in Somerville: 8 Morris Av Somerville
Taxpayer/applicant's phone: day: 617-362-2932 evening: _____

I, (print name) Tommy L..., 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 4 day of April, 20 12.
[Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

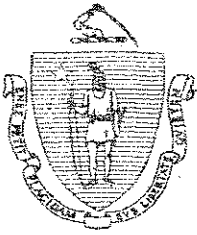
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____
89000207 # 228051011 # 767 # _____
9149 228051001

NOTES:

CLERK'S INITIALS: [Signature] ORIGINAL STAMP: _____

RECEIVED
4-14-12



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: Peter Regis Inc
 address: 229 Lowell St
 city: Somerville state: MA zip: 02144 phone # 617-312-3954

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 REAL ESTATE ONLY
 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 [Signature] Date 4-4-2008
 Print name Tom Regis Phone # 617-312-3954

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
 contact person: phone #:
 (revised Sept. 2003)