

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

ENTERPRISE RENT-A-CAR ATTN: LAURA RYAN
248 MISHAWUM ROAD
WOBURN MA 01801

LIC #: 2010-247
B.O.A.# 182340

*** 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: X 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: ENTERPRISE RENT-A-CAR COMPANY OF BOSTON, INC TEL: 617-625-1766
Company Address: 00037 MYSTIC AV LLC

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Gov't Partner Ship Other
Owner Name: ENTERPRISE RENT-A-CAR ATTN: LAURA RYAN TEL: 781-272-7300
Owner Address: 248 MISHAWUM ROAD

Owner City: WOBURN State: MA Zip: 01801
FID#: 431526718

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 *****
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 #: 2010-247
FEE: \$500.00

This is to certify: ENTERPRISE RENT-A-CAR ATTN: LAURA RYAN
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 12/21/2006

Garage situated at: 00037 MYSTIC AV
Doing business as : ENTERPRISE RENT-A-CAR COMPANY OF BOSTON, INC.
Shall not exceed: 1 Vehicles Inside & 18 Vehicles Outside, not on public ways
in addition the following restrictions apply:
DRAIN IN BUILDING. STORAGE 4 ON SIDE OF BUILDING, 14 IN YARD,
1 INSIDE GARAGE.

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

Check One: Owner ___ Occupant ___ Holder X

Signature of Applicant: [Handwritten Signature]
Address: 248 Mishawum Road
City: Woburn, MA State: MA Zip: 01801

** Office Use Only **
Mailed:
Taken:
Received:
City Clerk

2010 APR 13 10:51
CITY CLERK'S OFFICE

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.

Enterprise Rent-A-Car Company of Boston, LLC

* Signature of Individual or Corporate Name (Mandatory)

Mary J. Rank

By: Corporate Officer (Mandatory, if a corporation)

43-1526718

** 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.

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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: ENTERPRISE Rent-A-Car Company of Boston, LLC

Address: 3A ENTERPRISE Road (248 Mishawum Road)

City: Billerica (Webster) State: MA Zip: 01821 Phone #: 781-935-5858 or 781-272-7300

- I am an employer with 1200 employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other CAR RENTAL

Workers' compensation insurance information (if applicable):

Insurance Company Name: Fidelity and Guaranty Insurance Co.

Address: 701 MARKET ST., Suite 1100

City: St. Louis State: MO Zip: 63101 Phone #: 866-966-4664

Policy #: D002W00773 Expiration Date: 9/1/10

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: [Signature] Date: 4/14/10

Print Name: Gregory J Rusnak

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 _____

(revised Jan. 2008)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/19/2009

PRODUCER
Marsh USA Inc.
701 Market Street
Suite 1100
St. Louis, MO 63101

ENTER -STND-GAW-09-10 10RR ERAC

INSURED
Enterprise Holdings, Inc.
600 Corporate Park Drive
St. Louis, MO 63105

THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Discover Property And Casualty Ins Co	36463
INSURER B: United States Fidelity & Guaranty Company	25887
INSURER C: Fidelity And Guaranty Insurance Co.	35386
INSURER D: Fidelity And Guaranty Ins Undrwtr, Inc	25879
INSURER E:	

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COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
						EACH OCCURRENCE	\$
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Fire Damage (Any One Fire) GENERAL AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	D002L00375	09/01/2009	09/01/2010	EACH OCCURRENCE	\$ 3,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 3,000,000
						GENERAL AGGREGATE	\$ 3,000,000
						PRODUCTS - COM/POP AGG	\$ 3,000,000
A	B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> SIR \$2,000,000	D002V00136 (AOS) D002V00137 (HI)	09/01/2009 09/01/2009	09/01/2010 09/01/2010	COMBINED SINGLE LIMIT (Ea accident)	\$ 3,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
C	D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	D002W00773 (AOS) D002W00772 (HI) D002W00771 (NJ, NV) D002W00774 (AZ, AK, OR, WI)	09/01/2009 09/01/2009 09/01/2009 09/01/2009	09/01/2010 09/01/2010 09/01/2010 09/01/2010	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Certificate Holder is added as an additional insured where required by written contract.
 Any Auto owned or leased by the named insured while operated by employees of the name insured.
 No coverage provided to renters under this policy.

CERTIFICATE HOLDER CHI-002283422-07

Registry of Motor Vehicles
 Commonwealth of Massachusetts
 P.O. Box 55889
 Boston, MA 02205

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 of Marsh USA Inc.
 Mary Radaszewski

Mary Radaszewski



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: ENTERPRISE RENT-A-CAR COMPANY OF BOSTON, LLC
- Address of taxpayer/applicant's business in Somerville: 37 MYSTIC AVE.
- Address of taxpayer/applicant's home in Somerville: _____
- Taxpayer/applicant's phone: day: 781-272-7300 evening: 781-272-7300

I, _____, 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 14 day of April, 2010.
Mary Dunk
(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: _____

89000184 # 10001001 # 30056130 # _____

NOTES:

CLERK'S INITIALS: 1

ORIGINAL STAMP:

received
4-16-10