2012 JUL 19 P 2:30

CITY OF SOMERVILLE

MASSACHUSETTS
OFFICE OF THE CITY CLERK

CITY CLERK'S DEFICE OF THE CITY CLE SOMERVEENEWAL APPLICATION FOR GAR GOODYEAR TIRE & RUBBER CO. #0354	RK AGE LICENSE LIC #: 2012-222
1144 E. MARKET STREET, DEPT. 704	B.O.A.# 168009
AKRON OH 44316 *** ENCLOSED IS THE RENEWAL CERTIFIC ALLOWED USES - (CHOOSE ALL THAT APPLY) Montanidal Bonairs Y Auto Body Works Park	CATE FOR YOUR ***
Mechanical Repair: X Auto Body Work: Park Washing Vehicles: Spray Painting: Open ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISION This Certificate must be signed and filed with the later than April 30, 2012. Use the enclosed envel	e required fee of \$550.00 nc
Kindly fill in the information correcting any errorectords below. Please print or type your information company Name: GOODYEAR AUTO SERVICE CTR. #0354 Company Address: 00001 BOW ST	ors listed on our current ion, except for signature.
City: SOMERVILLE State: MA Zip	Gov't Partner
Individual: Co: Corp: <u>X</u> Trust: Agend Owner Name: <u>GOODYEAR TIRE & RUBBER CO.</u> #0354 Owner Address: <u>1144 E. MARKET STREET, DEPT. 704</u>	cy Ship Other TEL: 1-330-796-370
Owner City: AKRON State: 9	OH Zip: 44316
FID#: 340253240 This renewal is being sent to you as a courtesy, prenewal is not returned to City Clerk's office by	please file on time. If this 04/30/2012, please advise.
**** HOURS OF OPERSTIONS ***** MONDAY-FRIDAY: 07:00 AM-07:00 PM SATURDAY: 07:00 AM-07:00 PM	Very truly yours,
Recuest for opening	John J. Long City Clerk
OUR CURRENT INFORMATION SHOWN GARAGE OPEN TO THE PUBLIC	LICENSE #: 2012-222 FEE: \$550.00
This is to certify: GOODYEAR TIRE & RUBBER CO. #0 has been licensed by the Mayor and the Aldermen o Since 12/14/2000	354 f the City of Somerville.
Garage situated at: 00001 BOW ST Doing business as: GOODYEAR AUTO SERVICE CTR. #0 Shall not exceed: 6 Vehicles Inside	354
in addition the following restrictions apply: AMENDED: 06/12/2007 BOA #A83644 FOR EXTENDED TO BE OPENED ON SUNDAY WAS DENIED ON BOA #187	HOURS. STATE MAY 28, 2009
MEETING.	Xum (Clut器 is
This renewal certificate must be signed by the ho	lder of the license
Check One: Owner Occupant Holder	Office Use Only **
Signature of Applicant	Mailed
Address Received:	
City State Zip	City Clerk

IMPORTANT

Dear			

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.

pages with your fee to the City Cierk's Office. Can as at 017 025 vote 2.1200 2.500 1.100			
The DBA Name of the Business: Goody EAR Auto SERVICE CENTER			
Somerville Address and Zip Code: TBow St Smesville, MA 02143			
Phone Number of the Business: 617-628-7800			
The Legal Name of the License Holder: The Goodyeste Tires Rubbes Co. Tire			
Street Address of the License Holder: 1144 EAST MAKET ST			
City, State and Zip Code of the License Holder: Akkon OH 44316			
Phone Number of the License Holder: 338-796-7860			
Email Address of the License Holder: alvoberto, gardy earcon			
Where We Should Send Mail: Name:			
Street Address:			
City, State and Zip Code:			
Email:			
Phone Number:			
I Home Francov.			
Federal ID # (Do Not Give a Social Security #): 34-0253240			
Emergency Contact and Phone (For Fire Dept. Use): 774-306-2324			
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%:			
X Corporation (inc. LLC): Name of President: Richard J. RAMER			
1 7			
Name of Secretary: Wavid C. Bialosky			
Name of Treasurer: CAH A HONNO Id			
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: Thur Date 7-10-72			

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.

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

** 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: The Goodyear Tire & Rubber Co, Inc
Address of taxpayer/applicant's business in Somerville: 1 Bow Street Semerville // O21
Address of taxpayer/applicant's home in Somerville:
Taxpayer/applicant's phone: day: 617-629-7900 evening:
I, (print name) The Cooky AR IRES Rubbed Co. The 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 PERSURY, this day of
Apay 20 12. Devellen
(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:
175/ # 1095/00 # 64
NOTES:
CLERK'S INITIALS: US ORIGINAL STAMP:

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETES (617) 625-6600 Ext. 3500 • TTY: (866) 808-4851 • Fax: (617) 666-9682 WWW.SOMERVILLEMA.GOV

Banas 5-2-12



The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street, 7th Floor Boston, Mass. 02111 s' Compensation Insurance Affidavit - General Businesses

Workers' Compensation insurance Amuzyu - General Mannesses
<u> </u>
address: 144 EAST MPKET ST
city Algorius state: OH10 zip: 44316 phone # 330-796-2121
work site location (full address): I am a sole proprietor and have no one working in any capacity. 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: The Good year I are a Kubber to I will
address: WHE AST WELST ST.
phone to the Land of the Line
I am a sole proprietor and have hired the independent contractors listed below who have the following workers'
compensation polices:
сомрану name:
address:
phone#:
city — — — — — — — — — — — — — — — — — — —
insurance co
company name:
address:
eity: pllone#:
nolber#
mstrance CO:
Rathere to secure coverage as required under Section 25A of MGL 15Z can lead to the imposment of crimanal penaltics are required under Section 25A of MGL 15Z can lead to the imposment of crimanal penaltics are required under Section 25A of MGL 15Z can lead to the imposment of crimanal penaltics are required under Section 25A of MGL 15Z can lead to the imposment of crimanal penaltics are required under Section 25A of MGL 15Z can lead to the imposment of crimanal penaltics are required under Section 25A of MGL 15Z can lead to the imposment of crimanal penaltics are required under Section 25A of MGL 15Z can lead to the imposment of crimanal penaltics are required under Section 25A of MGL 15Z can lead to the imposment of crimanal penaltics are required under Section 25A of MGL 15Z can lead to the imposment of crimanal penaltics are required under Section 25A of MGL 15Z can lead to the imposment of crimanal penaltics are required under Section 25A of MGL 15Z can lead to the imposment of crimanal penaltics are required under Section 25A of MGL 15Z can lead to the imposment of crimanal penaltics are required under Section 25A of MGL 15Z can lead to the imposment of crimanal penaltics are required under Section 25A of MGL 15Z can lead to the imposment of crimanal penaltics are required under Section 25A of MGL 15Z can lead to the imposment of crimanal penaltics are required under Section 25A of MGL 15Z can lead to the imposment of crimanal penaltics are required under Section 25A of MGL 15Z can lead to the imposment of crimanal penaltics are required under Section 25A of MGL 15Z can lead to the imposment of crimanal penaltics are required under the
copy of this statement may be forwarded to the Office of Investigations of the DIA 101
I do hereby periff up are the pain was penalties of perjury that the information provided above is true and correct.
Signature Date 4-10-12
RAST STANDARFPG Phone # , 330-796-2121
official use only do not write in this area to be completed by city or town official city or town: permit/license #
official use only do not write in this area to be completed by city or town official The permitticense # Building Department
city or town: permit/license# Entiring Department
Selectmen's Office Check if immediate response is required Health Department
official use only do not write in this area to be completed by city or town official city or town: permit/license # Licensing Board check if immediate response is required Phone #; Other contact person: phone #; Other

Corporate Home | Contact Us | Goodyear Sites



INSURANCE VERIFICATION O

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 Сопрану А:

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

MN

∟imits

1/1/2012 - 1/1/2013 Policy Period

Policy Number(s) **Policy Territory**

W/C Statutory

WA7-C8D-004151-052 All Other States

OR, WI WC7-C81-004151-062

WA7-C8D-004151-102

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ABOUT GOODYEAR | PRIVACY POLICY | COPYRIGHT