2012 JUL 19 P 2:30

CITY CLERK'S OFFICE
SOMERVILLE, MA

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

GOODYEAR TIRE & RUBBER CO. #0354 — LIC #: 2012-222
1144 E. MARKET STREET, DEPT. 704 — B.O.A.# 168009
AKRON OH 44316

*** 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 $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: GOODYEAR AUTO SERVICE CTR. #0354 TEL: 617-628-7800
Company Address: 00001 BOW ST
City: SOMERVILLE State: MA Zip: 02143

Check One:
Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Gov't Ship ___ Partner ___ Other ___

Owner Name: GOODYEAR TIRE & RUBBER CO. #0354 TEL: 1-330-796-3709
Owner Address: 1144 E. MARKET STREET, DEPT. 704
Owner City: AKRON State: OH Zip: 44316
FID#: 340253240

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 OPERSTIONS *****
MONDAY-FRIDAY: 07:00 AM-07:00 PM
SATURDAY: 07:00 AM-07:00 PM
SUNDAY: CLOSED 900 AM - 400 PM
Request for Opening

Very truly yours,

John J. Long
City Clerk

---------- OUR CURRENT INFORMATION SHOWS ----------
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2012-222
FEE: $550.00

This is to certify: GOODYEAR TIRE & RUBBER CO. #0354
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 12/14/2000
Garage situated at: 00001 BOW ST
Doing business as : GOODYEAR AUTO SERVICE CTR. #0354
Shall not exceed: 6 Vehicles Inside
in addition the following restrictions apply:
AMENDED: 06/12/2007 BOA #A83644 FOR EXTENDED HOURS.
TO BE OPENED ON SUNDAY WAS DENIED ON BOA #187327 AT THE MAY 28, 2009 MEETING.

CITY CLERK'S OFFICE SOMERVILLE, MA
2012 MAY -2 P 2:40

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

Signature of Applicant

Address

City State Zip

** Office Use Only **
Mailed _____
Taken _____

Received: 5-2-12 $550-
CK 2596637
City Clerk

IMPORTANT

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: Goodyear Auto Service Center

Somerville Address and Zip Code: 1 Bow St Somerville, MA 02143

Phone Number of the Business: 617-628-7800

The Legal Name of the License Holder: The Goodyear Tire & Rubber Co., Inc

Street Address of the License Holder: 1144 East Market St

City, State and Zip Code of the License Holder: Akron, OH 44316

Phone Number of the License Holder: 330-796-7860

Email Address of the License Holder: alroberto.goodyear.com

Where We Should Send Mail: Name:

Street Address:

City, State and Zip Code:

Email:

Phone Number:

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. Kramer

Name of Secretary: David L. Bialosky

Name of Treasurer: Scott A Honnold

___ 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: [signature] **Date** 4-10-12

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.

The Goodyear Tire & Rubber Co., The

* Signature of Individual or Corporate Name (Mandatory)

x

By: Corporate Officer (Mandatory, if a corporation)

34-0253240

** 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 Somerville, MA 02143

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

Taxpayer/applicant's phone: day: 617-629-7800 evening: _____

I, (print name) The Goodyear Tire & Rubber Co, Inc 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 10 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: ___
# 1751	# 1205700	# 64	#

NOTES:

CLERK'S INITIALS: UB **ORIGINAL STAMP:**

RECEIVED
Banks
5-2-12

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143
(617) 625-6600 EXT. 3500 • TTY: (866) 808-4851 • FAX: (617) 666-9682
WWW.SOMERVILLEMA.GOV

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

Employer Information Please PRINT legibly

name: The Goodyear Tire & Rubber Co., Inc

address: 1144 East Market St

city Akron state: Ohio zip: 44316 phone # 330-796-2121

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 _____

☐ I am an employer providing workers' compensation for my employees working on this job.

company name: The Goodyear Tire & Rubber Co., Inc

address: 1144 East Market St

city: Akron, OH 44316 phone #: 330-796-2121

insurance co.: Liberty Mutual Insurance Co. policy # WA7-C8D-004151-052

☐ 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 _____ Date 4-10-12

✗ Print name BRENT STRANDBERG 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 # _____

☐ Building Department
☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other _____

☐ check if immediate response is required

contact person: _____ phone #: _____

(revised Sept. 2003)

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	1/1/2012 - 1/1/2013

Policy Number(s)	Policy Territory
WA7-C8D-004151-052	All Other States
WC7-C81-004151-062	OR, WI
WA7-C8D-004151-102	MN