



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

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

CITY CLERK'S OFFICE
SOMERVILLE, MASS.

2012 DEC 10 A 11:41

PAT'S TOWING INC
160 MCGRATH HWY
SOMERVILLE, MA 02143

License #: 33
Fee: 550.00
Account ID: 36
Reference #: 33

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 PAT'S TOWING INC Business Location: 160 MCGRATH HWY Business Phone: 617-354-4000	
License Holder: PAT'S TOWING INC 160 MCGRATH HWY SOMERVILLE, MA 02143 617-354-4000	
Mailing Address: PAT'S TOWING INC SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - GERALD CORCORAN SECRETARY - MICHAEL MAHAR	
FID: 270726964	
Food Manager/Emergency Contact: ROBERT TORO 781-760-8824	

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

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

75 VEHICLES
75 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

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: Michael Mahar Date 12-3-12

Print Name: Michael Mahar Phone 708 390 2200

IMPORTANT

It's time to renew your Used Car Dealer's license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee AND with evidence that your Used Car Dealer's Bond is up to date. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business: Pat's Towing Inc.
Somerville Address and Zip Code: 160 Mc. Grath Hwy, Somerville, MA 02143
Phone Number of the Business: 617-354-4000

The Legal Name of the License Holder: Pat's Towing Inc.
Street Address of the License Holder: 160 Mc. Grath Hwy
City, State and Zip Code of the License Holder: Somerville, MA 02143
Phone Number of the License Holder: 617-354-4000

Where We Should Send Mail: Name: Pat's Towing
Street Address: 160 Mc. Grath Hwy
City, State and Zip Code: Somerville MA 02143

Federal ID # (Do Not Give a Social Security #): 27-0721964

Emergency Contact and his/her Phone Number: Robert Toro 781-760-8824

Type of Business (Check Only One and Print the Names Indicated):
 Sole Proprietor: Name of Owner: _____
 Partnership (inc. LLP): Name of Partnership: _____
Names of All Partners Who Own More Than 10%: _____
 Trust: Name of Trust: _____
Names of All Trustees Who Own More Than 10%: _____
 Corporation: Name of Corporation: Pat's Towing Inc.
Name of President: Gerald Corcoran
Name of Secretary: Michael Mahar Name of Treasurer: _____
 LLC: Name of LLC: _____
Names of All Managers: _____
Other (Attach a Description of the Form of Ownership and the Names of the 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 Licensing Commission.
-I have filed all State tax returns and paid all State taxes required by law for this business.


License Holder Signature: [Signature] Date 12-3-2012

**VERIFICATION CERTIFICATE FOR
INDEFINITE TERM SURETY BOND**

THIS IS TO CERTIFY that Bond No. CMS253132 issued by RLI Insurance Company dated this 28th day of May, 2010, in the amount of Dollars (\$25,000.00), on behalf of Pat's Towing, Inc. (as Principal), and in favor of Commonwealth of Massachusetts (as Obligee), covers a term which began on the 28th day of May, 2010, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated October 18, 2011

RLI Insurance Company

BY: 
Judith A. McGoogan
Attorney-in-Fact



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Pat's Towing

Address of taxpayer/applicant's business in Somerville: 160 McLeveth Highway

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

Taxpayer/applicant's phone: day: 617-354-4000 evening: _____

I, (print name) Robert Taro, 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 10th day of December, 2012. Robert Taro
(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: _____

89000157 # 146042021 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: _____

RECEIVED
12-10-12

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: PAT'S TOWING INC.
 Address: 160 MCGRATH HIGHWAY
 City: Somerville State: MA Zip: 02143 Phone #: 617-354-4000

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> I am an employer with <u>20</u> employees (full and/or part time).
<input type="checkbox"/> I am a sole proprietor or partnership and have no employees.
<input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
<input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | Business Type: | <input type="checkbox"/> Retail
<input type="checkbox"/> Restaurant/Bar/Eating Establishment
<input type="checkbox"/> Office and/or Sales (real estate, auto, etc.)
<input type="checkbox"/> Nonprofit
<input type="checkbox"/> Entertainment
<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Health Care
<input checked="" type="checkbox"/> Other <u>TRANSPORTATION (VEHICLE TOWING)</u> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Workers' compensation insurance information (if applicable):

Insurance Company Name: ACE AMERICAN INSURANCE COMPANY: CLAIMS HANDLER BY CCMST
 Address: 100 QUANNAPOWSETT PARKWAY
 City: WAKEFIELD State: MA Zip: 01880 Phone #: 781-246-3425
 Policy #: WLR47128038 Expiration Date: 11/23/13

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: 12/2/12
 Print Name: MICHAEL J MOHAN, VICE PRESIDENT

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

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health <input type="checkbox"/> Building Department <input type="checkbox"/> City/Town Clerk <input type="checkbox"/> Licensing Board <input type="checkbox"/> Selectmen's Office <input type="checkbox"/> Other _____
Contact Person: _____	Phone #: _____	