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

J.R. FENNELL L.P.	LIC #: 2012-080
501 MASSACHUSETTS AVENUE 2ND FLO	DOR B.O.A.#
	NEWAL CERTIFICATE FOR YOUR ***
ALLOWED USES - (CHOOSE ALL THAT	APPLY)
Washing Vehicles Spray Pair	Work: Parking or Storing Vehicles: nting: Operating a Tow Vehicle:
ISSUED IN ACCORDANCE WITH THE APPLICA	ABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
This Certificate must be signed and f	Filed with the required fee of $$550.00$ no
later than April 30, 2012. Use the ϵ	
	cting any errors listed on our current your information, except for signature.
Company Name: J R FENNELL LIMITE	D PARTNERSHIP #16 TEL: 617-876-8800
Company Address: 00092 -00094 PROSPE	ECT ST
Ci bar COMEDIATE TO	N3 74 00142
City: <u>SOMERVILLE</u> Stat	te: MA
Individual: Co: Corp: Tru	
Owner Name: J.R. FENNELL L.P.	TEL: <u>617-876-8800</u>
Owner Address: 501 MASSACHUSETTS AV	JENUE 2ND FLOOR
Owner City, CAMBRIDGE	State: MA Zip: 02139
FID#: 043132952	bcace. <u>ma</u> up. <u>02109</u>
This renewal is being sent to you as	a courtesy, please file on time. If this
renewal is not returned to City Clerk	k's office by 04/30/2012, please advise.
**** HOURS OF OPERSTIONS ****	Very truly yours,
MONDAY-FRIDAY: 06:00 AM-06:00 PM	
SATURDAY: 06:00 AM-02:00 PM	
SUNDAY: CLOSED	-)
	John J. Long City Clerk
OUR CURRENT IN	FORMATION SHOWS
GARAGE OPEN TO TH	HE PUBLIC LICENSE #: 2012-080
	FEE: \$550.00
This is to certify: J.R. FENNELL L.P.	ne Aldermen of the City of Somerville.
Since 04/08/1926	ic Ardermen of the erey of bomervirie.
Garage situated at: 00092 -00094 PRO	OSPECT ST
Doing business as : J.R. FENNELL, LIMI	ITED PARTNERSHIP #160193
Shall not exceed: 90 Vehicles Inside in addition the following restriction	
NO TOW TRUCKS ALLOWED ON OAK STRE	EET & HOUGHTON STREET
TRANSFERRED TO PAT'S TOW SERVICE	ON NOV. 30, 1992. TRANSFERRED 4/22/1996
PAT'S TOW VACATED PREMISES APRIL	1, 1994 TO 200 MCGRATH HWY, 7/14/2005
24 HOURS ACCESS TO THE BUILDING IN MO SPRAY PAINTING.	FOR EMPLOYEE PARKING ONLY.
NO SPRAL PAINTING.	The region same
,	
mbia accession and the second	and has the helder of the light
This renewal certificate must be sign Check One: Owner Occupant _	ned by the holder of the license.
encer one. owner	·
	** Office Use Only **
Signature of Applicant Cla Ody Stey Parlners	Mailed
501 Massachusetts Ave.	Taken
Address	Received:
City MA 02/39 City State Zip	City Clerk
crcy State Zip	CICA CIEIX

IMPORTANT

#627

Dear	License	Holder:
Dear	LACCHSE	HUIUEL

REF 744

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: Quest Dis quostice (Tenent)
The DBA Name of the Business: Quest Disgnostice (Tenent) Somerville Address and Zip Code: 92-94 Prospect St., Somerible, mA 12139
Phone Number of the Business: 617-547-8400
705
The Legal Name of the License Holder: J. R. Fernall Limited Partnership
Street Address of the License Holder: 501 missimuse Ave.
City, State and Zip Code of the License Holder: Cembridge, mad 02139
Phone Number of the License Holder: 617-876-8800
Email Address of the License Holder:
Where We Should Send Mail: Name: J.R. Fernel Linited Photocoling of a Odyssay Partners
Street Address: 561 Mg SS RUNUSURS / NR.
City, State and Zip Code: Chabite and Sip Code: MA 02 13 9
Email:
Phone Number: (417-876-8800
Federal ID # (Do Not Give a Social Security #): 04- 3132952
Emergency Contact and Phone (For Fire Dept. Use): Lathlen Fenny; 617-876-8800
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%:
Icathlem Formell, Linda Formell, Patricia Mordes
Trust: Names of All Trustees Who Own More Than 10%:
· · · · · · · · · · · · · · · · · · ·
Corporation (inc. LLC): Name of President:
Name of Secretary:
Name of Treasurer:
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 3/23/18

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: Corporațe 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: T.R. Fernell Limited Partnership
Address of taxpayer/applicant's business in Somerville: 92-94 Propert St.
Address of taxpayer/applicant's home in Somerville:
Taxpayer/applicant's phone: day: 617-876-8800 evening: 617-876-8800
I, (print name) Callier M. Pennel , 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 23 day of
Mrch , 2012. (Taxpaver's signature)
(Taxpayer's signature)
CITY'S ACKNOWLEDGEMENT
DATE OF ISSUANCE: 6 INCLUDES RELEVANT POSTINGS THROUGH:
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:
□ Real Estate # 23701100 # 12509500\ # 998 # 12509500\ # 998
CLERK'S INITIALS: ORIGINAL STAMP: ORIGINAL STAMP:



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: J.R. Fernell Limited Partnership	
address: Clo Odyssey Partners 501 massachusetts Ave.	
city Cambridge state: MA zip: 02139 phone # 617-876-8800	
work site location (full address): 92-94 Prospect St. Somewhile, MA 02143 I am a sole proprietor and have no one Business Type: Retail Restaurant/Bar/Eating Establishment working in any capacity. Office Sales (including Real Estate, Autos etc.) I am an employer with Personnel Sales (full & part time).	
I am an employer providing workers' compensation for my employees working on this job.	
company name: Quist Disquesh U	
address: 415 musky using the	
city: Chypridge, ma 02:39 phone #: 617-547-6400	
insurance co. Timelacofrop. Cosualty is of America policy # TC2 Ju8-26073523-11	
I am a sole proprietor and have hired the independent contractors listed below who have the following workers'	Principle.
compensation polices:	
company name:	
address:	
city: phone #:	
insurance co. policy #	
company name:	
address:	
city:	
insurance co. policy#	
Attach additional sheets Thecessary	d/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 the copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.	at a
A 11 C 1 1 1 1 5 Secretary manifest above in twee and connect	
Signature Date 3/23/12	
Signature Date 5/23/12 Print name Collins M. Fennell Phone # 6/7-576-8800	
official use only do not write in this area to be completed by city or town official	200000
city or town: permit/license #Building DepartmentLicensing Board	\$100 M
☐ check if immediate response is required ☐ Selectmen's Office ☐ Health Department	9754515
contact person: phone #; Other	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/22/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

certificate holder in lieu of such endorsement(s	s).					•	
PRODUCER	·	CONTACT NAME:				***	
MARSH & MCLENNAN COMPANIES 1166 AVENUE OF THE AMERICAS		PHONE FAX (A/C, No, Ext): (A/C, No):					
NEW YORK, NY 10036		E-MAIL ADDRESS:					
Attn: sharon.e.smith@marsh.com (212) 345-3522			SURER(S) AFFOR	RDING COVERAGE		NAIC #	
37986 -MAIN-ALL-11-12 415 MA		INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Prop. Casualty Co. Of America				25674	
INSURED OUT OF THE CHOCKERS INCORPORTED		INSURER B: The Travelers Indemnity Company				25658	
QUEST DIAGNOSTICS INCORPORATED 3 GIRALDA FARMS		INSURER C : Lexington Insurance Company				19437	
MADISON, NJ 07940		INSURER D :					
•	:	INSURER E :					
		INSURER F:					
COVERAGES CERTIFICAT	E NUMBER:	NYC-005376389-21		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSUINDICATED. NOTWITHSTANDING ANY REQUIREME	RANCE LISTED BELOW HAVE	/E BEEN ISSUED TO	THE INSURE	D NAMED ABOVE FOR TH	HE POL	ICY PERIOD	
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN.	THE INSURANCE AFFORDS	ED BY THE POLICIE	S DESCRIBER	D HERFIN IS SUBJECT TO	ALL	THE TERMS,	
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES							
LTR TYPE OF INSURANCE INSR WVE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
GENERAL LIABILITY				EACH OCCURRENCE DAMAGE TO RENTED	\$		
COMMERCIAL GENERAL LIABILITY				PREMISES (Ea occurrence)	\$		
CLAIMS-MADE OCCUR				MED EXP (Any one person)	\$	***	
				PERSONAL & ADV INJURY	\$		
				GENERAL AGGREGATE	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$		
POLICY PRO- JECT LOC					\$		
A AUTOMOBILE LIABILITY	TC2JCAP-266T3603-TIL-11	12/31/2011	12/31/2012	COMBINED SINGLE LIMIT (Ea accident)	\$	3,000,000	
X ANY AUTO ALL OWNED SCHEDULED				BODILY INJURY (Per person)	\$		
AUTOS AUTOS				BODILY INJURY (Per accident)	\$		
HIRED AUTOS NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$		
					\$		
C UMBRELLA LIAB OCCUR	8125869	12/31/2011	12/31/2012	EACH OCCURRENCE	\$	5,000,000	
X EXCESS LIAB X CLAIMS-MADE				AGGREGATE	\$	5,000,000	
DED X RETENTION \$ 2,000,000	GL-Self Insured Retention				\$	-	
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	TC2JUB-266T3523-11 (DED)	12/31/2011	12/31/2012	X WC STATU- OTH- TORY LIMITS ER			
B ANY PROPRIETOR/PARTNER/EXECUTIVE N N/A	TRKUB-266T3535-11 (RETRO)	12/31/2011	12/31/2012	E.L. EACH ACCIDENT	\$	2,000,000	
(Mandatory in NH) If yes, describe under				E.L. DISEASE - EA EMPLOYEE	\$	2,000,000	
DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$	2,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach	ACORD 101, Additional Remarks S	schedule, if more space is	required)				
Professional Liability / Claims Made - Self Insured Retention - \$5,0	000,000 - 12/31/11 - 12/31/12)						
PROOF OF COVERAGE**							
THOOL OL COATIVAGE							
CERTIFICATE HOLDER		CANCELLATION					
QUEST DIAGNOSTICS LLC.							
415 MASSACHUSETTS AVENUE				ESCRIBED POLICIES BE CA			
CAMBRIDGE, MA 02139	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
CAMBRIDGE, MA 02139							
	AUTHORIZED REPRESENTATIVE of Marsh USA Inc.						
		Marla Nicholson	_	nacea Vice	o.		