



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

CK-1538589

\$ 550

License 428/13

3.1.13

619274
\$**APPLICATION TO RENEW GARAGE LICENSE**

MONRO MUFFLER BRAKE INC
LICENSE #428/12
200 HOLLEDER PARKWAY
ROCHESTER, NY 14615-3808

License #: 772

City #G257

Fee: 550.00

Account ID: 655

Reference #: 772

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 MONRO MUFFLER BRAKE INC Business Location: 223 WASHINGTON ST Business Phone: 617-625-7270	
License Holder: MONRO MUFFLER BRAKE INC LICENSE #428/12 200 HOLLEDER PARKWAY ROCHESTER, NY 14615-3808 617-625-7270	
Mailing Address: MONRO MUFFLER BRAKE INC 200 HOLLEDER PARKWAY ROCHESTER, NY 14615-3808	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JOHN VAN HEEL SECRETARY - JOHN VAN HEEL	
FID: 160838627	
Food Manager/Emergency Contact: TIM GOSS 508-304-4691	

2013 APR 17 P 12:07
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Hours: **MO-FR 7:30AM-7PM, SA 7AM-4PM**

OPEN TO THE PUBLIC

- | | |
|----------------------|---------------------|
| 1 MECHANICAL REPAIRS | 12 VEHICLES OUTSIDE |
| 16 VEHICLES | |
| 4 VEHICLES INSIDE | |

Description of Location and/or Other Conditions:

Originally Issued 4/22/2009. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

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: X Catherine D'Amico Date: 3/26/13

Print Name: Catherine D'Amico Phone: 585 647 6400

428-6370.8

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: Monro Muffler Brake Inc
Address: 200 Hollender Pkwy
City: Rock State: NY Zip: 14615 Phone #: 585 647 6400
☒ I am an employer with 5217 employees (full and/or part time).
☐ I am a sole proprietor or partnership and have no employees.
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
☐ We are a nonprofit organization staffed by volunteers and have no employees.
Business Type: ☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Travelers Insurance
Address: 910 First Niagara 777 Canal View Blvd
City: Rock State: NY Zip: 14623 Phone #: 585 546 3747
Policy #: TC20UB-17708150-13 Expiration Date: 4/1/14

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: X Catherine D. France Date: 3/26/13
Print Name: Catherine D. France

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Monro Muffler Brake Inc

Address of taxpayer/applicant's business in Somerville: 223 Washington St.

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

Taxpayer/applicant's phone: day: 617-625-7270 evening: _____

I, (print name) Catherine D'Amico, 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 26 day of March, 2013. X Bonnie Shinn
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 4/17/13 INCLUDES RELEVANT POSTINGS THROUGH: 4/17/13

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☒ Water/Sewer ☒ Personal Property ☒ Other: 1

_____ # 119007001 # 1306 # BLR 303

NOTES:

CLERK'S INITIALS: Rie

ORIGINAL STAMP:

