



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

APPLICATION TO RENEW GARAGE LICENSE

**TRIUMVIRATE ENVIRONMENTAL, INC.
200 INNER BELT RD
SOMERVILLE, MA 02143**

License #: **640**

City #G267

Fee: **550.00**

Account ID: **525**

Reference #: **640**

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: TRIUMVIRATE ENVIRONMENTAL, INC. Business Location: 191 INNER BELT RD Business Phone: 617-628-8098	
License Holder: TRIUMVIRATE ENVIRONMENTAL, INC. 200 INNER BELT RD SOMERVILLE, MA 02143 617-628-8098	
Mailing Address: TRIUMVIRATE ENVIRONMENTAL, INC. 200 INNER BELT RD SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JOHN MCQUILLAN JR. SECRETARY - JOHN MCQUILLAN JR. TREASURER - JOHN MCQUILLAN JR.	
FID: 043017601	
Food Manager/Emergency Contact: ERIC CHEBATOR 857-259-0653	

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

Hours: **M-F 4A-4P SA 6A-4P**

NOT OPEN TO THE PUBLIC

- | | |
|----------------------|---------------------|
| 1 MECHANICAL REPAIRS | 2 VEHICLES INSIDE |
| 1 SPRAY PAINTING | 35 VEHICLES OUTSIDE |
| 1 STORING VEHICLES | 1 WASHING VEHICLES |

Description of Location and/or Other Conditions:

Originally Issued 4/14/2011. No Auto Body. 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: *Eric R Chebator* Date: 3/6/14

Print Name: Eric R Chebator Phone: 857-259-0653



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Triupurate Environmental

Address of taxpayer/applicant's business in Somerville: 191 Inner Belt Rd.

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

Taxpayer/applicant's phone: day: 857-257-0653 evening: _____

I, (print name) Eric Clebator, 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 14 day of March, 2014. [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: _____

8061 # 145003001 # _____ # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: [Stamp]

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: Triunvirate Environmental, Inc.
Address: 200 Inner Belt Rd.
City: Somerville State: MA Zip: 02143 Phone #: 617-628-8098
☒ I am an employer with 366 employees (full and/or part time). Business Type: ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other Garage

Workers' compensation insurance information (if applicable):

Insurance Company Name: New Hampshire Insurance Company
Address: 175 Water Street
City: New York City State: NY Zip: 10038 Phone #: 800-723-2877
Policy #: WC15684358-MA55 Expiration Date: 12/31/14

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: [Signature] Date: 3/6/14

Print Name: Eric R. Chobator

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 _____