

340 SPACES

APPLICATION FOR AN OUTDOOR PARKING LICENSE

Application Fee \$20.00 per space

Date 3/28/11

FOR CITY CLERK'S OFFICE ONLY

Date Recorded

Amount Paid

2011 MAR 28 P 2:09
CITY CLERK'S OFFICE
SOMERVILLE, MA

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name: PAT'S TOWING INC. Phone: 617-776-5810

Applicant's Address (with Zip Code): 100 McLaughlin Hwy Somerville, MA 02143

Applicant's Email Address: SKUSMINE@GMAIL.COM

Applicant's Federal Employer Identification Number: 27-0726964

Business DBA Name (if applicable): SAME

Business Location (with Zip Code): SAME

Mailing Name (where we should send correspondence to): SAME

Mailing Address (with Zip Code): SAME

Emergency Contact: STEVEN KUSMIN Phone: 781-953-6770

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust
☒ Corporation (inc. LLC) ☐ Other

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Gerald Concoran

Address with Zip Code: 9550 Belmont, Mokena, IL 60448

Partner's/Member's/Secretary's Name: Michael Mahan

Address with Zip Code: 9550 Belmont, Mokena, IL 60448

Partner's/Member's/Treasurer's Name: Michael Mahan

Address with Zip Code: 9550 Belmont, Mokena, IL 60448

3405 spaces

Square Footage of the Space to be Used for Parking: 80,000 Square Feet.

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: Steven Kosman Date: 3/28/11

Print Name: Steven Kosman Phone: 781-953-6770

FOR NEW OR EXPANDING APPLICANTS ONLY:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a _____ Zone.

- ☐ The use is permitted as of right
- ☐ The use requires a special permit
- ☐ The use is prohibited

Maximum number of motor vehicles to be kept on the premises: _____

Signature: _____ Title _____ Date: _____

**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.

Pat's Towing Inc.

*Signature of Individual or Corporate Name (Mandatory)

Michael Maher

By: Corporate Officer (Mandatory, if a corporation)

27-0726964

**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: PAT'S TOWNSHIRE INC.

Address of taxpayer/applicant's business in Somerville: 160-200 McLaughlin Hwy

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

Taxpayer/applicant's phone: day: 617-776-5810 evening: 781-953-6770

I, (print name) PAT'S TOWNSHIRE 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 28th day of March, 20 11. [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: _____

89000157 # 146042021 # _____

NOTES:

CLERK'S INITIALS: LB

ORIGINAL STAMP:



RECEIVED
Barrows
3-28-11

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: PAT'S TOWING, INC
Address: 160 McGrath Hwy,
City: Somerville State: MA Zip: 02143 Phone #: 617-776-5810

☒ I am an employer with 20 employees (full and/or part time). Business Type: ☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other
☐ 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.

Workers' compensation insurance information (if applicable):

Insurance Company Name: All American Insurance Company
Address: 436 Walnut St. 6
City: Philadelphia State: PA Zip: 19106 Phone #: 215-690-1000
Policy #: WLC4646885 Expiration Date: 11/23/11

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: Steve Kosmin Date: 3/28/11
Print Name: Steve Kosmin

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 _____