

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

BRIAN GODFROY
 50 WEBSTER AVENUE
 SOMERVILLE MA 02143

LIC #: 2010-115
 B.O.A.#

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ___ Auto Body Work: ___ Parking or Storing Vehicles: X
 Washing Vehicles: ___ Spray Painting: ___ Operating a Tow Vehicle: ___

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
 This Certificate must be signed and filed with the required fee of \$500.00 not
 later than April 30, 2010. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current
 records below. Please print or type your information, except for signature.

Company Name: BEACON SALES COMPANY TEL: 617-666-2800
 Company Address: 00050 WEBSTER AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Gov't ___ Partner ___
 Ship ___ Other ___
 Owner Name: BRIAN GODFROY TEL: 617-666-2800
 Owner Address: 50 WEBSTER AVENUE

Owner City: SOMERVILLE State: MA Zip: 02143
 FID#: 364173366

This renewal is being sent to you as a courtesy, please file on time. If this
 renewal is not returned to City Clerk's office by 04/30/2010, please advise.

***** HOURS OF OPERSTIONS *****
 MONDAY-FRIDAY: 08:00 AM-06:00 PM
 SATURDAY: 08:00 AM-02:00 PM
 SUNDAY: CLOSED

Very truly yours,

John J. Long
 City Clerk

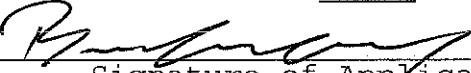
----- OUR CURRENT INFORMATION SHOWS -----
 -- GARAGE OPEN TO THE PUBLIC -- LICENSE #: 2010-115
 FEE: \$500.00

This is to certify: BRIAN GODFROY
 has been licensed by the Mayor and the Aldermen of the City of Somerville.
 Since 02/20/1951

Garage situated at: 00050 WEBSTER AV
 Doing business as : BEACON SALES COMPANY
 Shall not exceed: 8 Vehicles Inside
 in addition the following restrictions apply
 ALL '8 AUTOS INSIDE BUILDING

Voucher No _____
 Vendor No _____
 G/L Account _____
 Date to Pay _____
 Date Posted _____
 Rec Report No _____
 Date Received _____
 Price & Ext OK _____
 Check No _____
 Date Paid _____
 Approved _____

This renewal certificate must be signed by the holder of the license.
 Check One: Owner ___ Occupant ___ Holder ___



 Signature of Applicant

 50 Webster Ave.

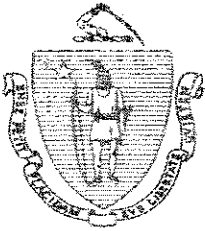
 Address

 Somerville, MA 02143

 City State Zip

** Office Use Only **
 Mailed ✓
 Taken _____
 Received: 500.00 4/22/10

 City Clerk



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: Beacon Sales Co.

address: 50 Webster Ave.

city: Somerville state: MA zip: 02143 phone #: 617-666-2800

work site location (full address):

- I am a sole proprietor and have no one working in any capacity. **Business Type:** Retail Restaurant/Bar/Eating Establishment
 Office Sales (including Real Estate, Autos etc.)
 I am an employer with 23 employees (full & part time). Other **Wholesaler**

I am an employer providing workers' compensation for my employees working on this job.

company name: AIG American Home Assurance

address: P.O. Box 1821

city: Alpharetta phone #: 877-638-4244

insurance co. policy #: WC1549245

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name:

address:

city: phone #:

insurance co. policy #

company name:

address:

city: phone #:

insurance co. policy #

Attach additional sheet if necessary

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 4-20-10

Print name Brian Godfroy Phone # 617-666-2800

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department
 Licensing Board
 check if immediate response is required Selectmen's Office
 Health Department
 Other _____

contact person: _____ phone #: _____
(revised Sept. 2003)

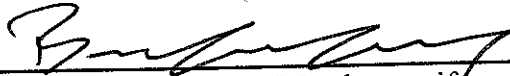
MASSACHUSETTS DEPARTMENT OF REVENUE

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.

Beacon Sales Co.

* Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

36-4173366

** 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

1. Exact name of taxpayer/applicant's business: Beacon Sales Co.
2. Address of taxpayer/applicant's business in Somerville: 50 Webster Ave.
3. Address of taxpayer/applicant's home in Somerville: 50 Webster Ave.
4. Taxpayer/applicant's phone: day: 617-666-2800 evening: 617-666-2800

I, Brian Godfroy, 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 7th day of April, 2010. [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: _____

02042040 # 12407500/ 09540014 # _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

received
4-9-10