

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

NIPPON EXPRESS USA INC ATTN: JUN YAMAZAKI

LIC #: 2012-253

30 INNER BELT RD

B.O.A.# 184798

SOMERVILLE MA 02143

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair:___ Auto Body Work:___ Parking or Storing Vehicles:___

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 \$550.00 not
later than April 30, 2012. 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: NIPPON EXPRESS

TEL: 617-591-8800

Company Address: 00030 INNER BELT RD (REAL)

City: SOMERVILLE State: MA Zip: 02143

Check One:

Individual:___ Co:___ Corp: X Trust:___ Agency:___ Ship:___ Gov't Partner Other:___

Owner Name: NIPPON EXPRESS USA INC ATTN: JUN YAMAZAKI TEL: 617-591-8800

Owner Address: 30 INNER BELT RD

Owner City: SOMERVILLE State: MA Zip: 02143

FID#: 131971441

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 04/30/2012, please advise.

***** HOURS OF OPERSTIONS *****

MONDAY-FRIDAY: 07:30 AM-10:00 PM

SATURDAY: 07:30 AM-03:00 PM

SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

*** GARAGE NOT OPEN TO THE PUBLIC ***

LICENSE #: 2012-253

FEE: \$550.00

This is to certify: NIPPON EXPRESS USA INC ATTN: JUN YAMAZAKI
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 01/24/2008

Garage situated at: 00030 INNER BELT RD (REAL)

Doing business as : NIPPON EXPRESS

Shall not exceed: 4 Vehicles Inside

in addition the following restrictions apply:

CITY CLERK'S OFFICE
2012 APR 23 A 8:51

This renewal certificate must be signed by the holder of the license.

Check One: Owner ___ Occupant ___ Holder ___

Signature of Applicant

Address

City State Zip

** Office Use Only **

Mailed

Taken

Received:

City Clerk

IMPORTANT

Dear License Holder:

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: NIPPON EXPRESS USA INC
Somerville Address and Zip Code: 30 INNER BELT ROAD SROMEVILLE, MA. 02143
Phone Number of the Business: 617-591-8800

The Legal Name of the License Holder: NIPPON EXPRESS USA INC
Street Address of the License Holder: 30 INNER BELT ROAD SOMERVILLE, MA. 02143
City, State and Zip Code of the License Holder: SOMERVILLE, MASS. 02143
Phone Number of the License Holder: 617-591-8800
Email Address of the License Holder: jun.yamazaki@nittsu.com

Where We Should Send Mail: Name: JUN YAMAZAKI
Street Address: C/O NIPPON EXPRESS USA INC 30 INNER BELT ROAD
City, State and Zip Code: SOMERVILLE, MASS. 02143
Email: jun.yamazaki@nittsu.com
Phone Number: 617-591-8800

Federal ID # (Do Not Give a Social Security #): 13-1971441

Emergency Contact and Phone (For Fire Dept. Use): Jun Yamazaki 617-591-8800

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%: _____

 Trust: Names of All Trustees Who Own More Than 10%: _____

☒ Corporation (inc. LLC): Name of President: KENRYO SENDA

Name of Secretary: TSUTOMU NAGATANI

Name of Treasurer: NAOYA HAYASHIDA

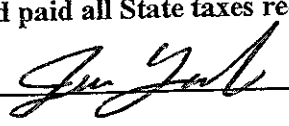
 Other (Attach a Description of the Form of Ownership and the Names of Owners)

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: 4/23/12

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.

NIPPON EXPRESS USA INC

* Signature of Individual or Corporate Name (Mandatory)

Jun Yamazaki

By: Corporate Officer (Mandatory, if a corporation)

13-1971441

** 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: NIPPON EXPRESS USA INC

Address of taxpayer/applicant's business in Somerville: 30 INNER BELT ROAD SOMERVILLE, MASS. 02143

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

Taxpayer/applicant's phone: day: 617-591-8800 evening: 617-591-8800

I, (print name) Jun Yamazaki, 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 23rd day of

April, 20 12

Jun Yamazaki
(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: _____

00870101

55100112

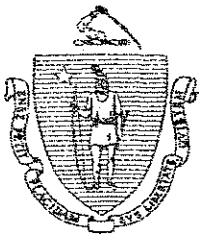
716

NOTES:

CLERK'S INITIALS: _____

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: NIPPON EXPRESS USA INC
address: 30 INNER BELT ROAD
city: SOMERVILLE state: MASS. zip: 02143 phone # 617-591-8800

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 29 employees (full & part time). ☒ Other INTERNATIONAL FREIGHT FORWARDER
☒ I am an employer providing workers' compensation for my employees working on this job.

company name: NIPPON EXPRESS USA INC
address: 30 INNER BELT ROAD
city: SOMERVILLE, MA 02143 phone #: 617-591-8800
insurance co. AON RISK SERVICES CENTRAL INC policy # 31WJ-UB-635J4473-12

☐ 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: Jun Yamazaki Date: 04/23/2012
Print name: Jun Yamazaki Phone #: 617-591-8800

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

city or town: permit/license # ☐ Building Department

☐ check if immediate response is required

contact person: phone #: ☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other

(revised Sept. 2003)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

PRODUCER AON RISK SERVICES CENTRAL, INC. 200 E. RANDOLPH STREET CHICAGO, IL 60601 USA	CONTACT NAME:		
	PHONE A/C, No, Ext: (312) 381-3583	FAX A/C, No: (312) 381-7793	
INSURED NIPPON EXPRESS USA, INC. 590 MADISON AVENUE, SUITE 2401 NEW YORK, NY 10022 USA	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Travelers Property Casualty Company of America		25674
	INSURER B:		
	INSURER C:		
	INSURER D:		
INSURER E:			
INSURER F:			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ-ECT <input type="checkbox"/> LOC			31FJ-630-635J5076-TIL-12	01/01/2012	01/01/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			31WJ-CAP-635J4516-TIL-12	01/01/2012	01/01/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$ 10,000 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			31FJ-CUP-635J5088-TIL-12	01/01/2012	01/01/2013	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Nt) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	31WJ-UB-635J4473-12	01/01/2012	01/01/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Following persons(s) / Organization(s) are included as Additional Insured under General Liability:

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Central, Inc.