

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

GOODYEAR TIRE & RUBBER CO. #0354
1144 E. MARKET STREET, DEPT. 704
AKRON OH 44316

LIC #: 2010-222
B.O.A.# 168009

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X 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 \$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: GOODYEAR AUTO SERVICE CTR. #0354 TEL: 617-628-7800
Company Address: 00001 BOW ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: Co: Corp: X Trust: Agency Gov't Partner Ship Other
Owner Name: GOODYEAR TIRE & RUBBER CO. #0354 TEL: 1-330-796-3709
Owner Address: 1144 E. MARKET STREET, DEPT. 704

Owner City: AKRON State: OH Zip: 44316
FID#: 340253240

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: 07:00 AM-07:00 PM
SATURDAY: 07:00 AM-07:00 PM
SUNDAY: CLOSED

CLOSED

Very truly yours,

[Handwritten signature]

John J. Long
City Clerk

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

-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2010-222
FEE: \$500.00

This is to certify: GOODYEAR TIRE & RUBBER CO. #0354
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 12/14/2000

Garage situated at: 00001 BOW ST
Doing business as : GOODYEAR AUTO SERVICE CTR. #0354
Shall not exceed: 6 Vehicles Inside
in addition the following restrictions apply:

AMENDED: 06/12/2007 BOA #A83644 FOR EXTENDED HOURS.

TO BE OPENED ON SUNDAY WAS DENIED ON BOA #187327 AT THE MAY 28, 2009
MEETING.

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

Check One: Owner Occupant Holder

[Handwritten signature]

Signature of Applicant

1-Bow St

Address

Somerville MA 02143
City State Zip

** Office Use Only **
Mailed
Taken

Received:

City Clerk

2010 APR 16 11:11 AM
CITY CLERK'S OFFICE
500

**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: The Goodyear Tire & Rubber Co., Inc
 Address: 1144 East Market St
 City: Akron State: Ohio Zip: 44316 Phone #: 330-796-2124

- I am an employer with _____ 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: Liberty Mutual Insurance Company
 Address: _____
 City: _____ State: _____ Zip: _____ Phone #: _____
 Policy #: WA7-C8D-004151-050 Expiration Date: 1-1-2011

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: 4-15-2010
 * Print Name: Richard McKinnon

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

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

- Exact name of taxpayer/applicant's business: The Godyear Tire & Rubber Co.
- Address of taxpayer/applicant's business in Somerville: 1 Bow Street Somerville MA 02143
- Address of taxpayer/applicant's home in Somerville: _____
- Taxpayer/applicant's phone: day: 617-628-7800 evening: _____

* I, Richard McKinnon, 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 15 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: _____

04188097 # 123652001 # 30000338 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received
UBand
4-16-10

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.

THE GOODYEAR TIRE & RUBBER CO., INC.

* Signature of Individual or Corporate Name (Mandatory)

Gerald Alessia

By: Corporate Officer (Mandatory, if a corporation)

34-0253240

** 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.

The Goodyear Tire & Rubber Company

Akron, Ohio 44316 - 0001

February 1, 2010

DELEGATION OF AUTHORITY

TO WHOM IT MAY CONCERN:

Pursuant to authority vested in me by resolution adopted by the Board of Directors of The Goodyear Tire & Rubber Company (hereinafter referred to as the "Company") on August 3, 1999, I hereby authorize

**GERALD G ALESSIA
GENERAL MANAGER STORE SUPPORT**

of The Goodyear Tire & Rubber Company to execute for and on behalf and in the name of the Company, without attestation and without affixing the corporate seal thereto,

Agreements for the procurement of the following types of services at Company-Owned Outlets:

- 1. General Building Maintenance, including but not limited to floor cleaning, window washing, lawn service, and snow removal**
- 2. Elevator Maintenance**
- 3. Vending Machines**
- 4. Heating and Air Conditioning Equipment Maintenance**
- 5. Burglar Alarm and Fire Alarm Services**
- 6. Utility Services, including gas, electric, water, sewer, telephone, and cable TV**
- 7. Documents and/or agreements required by contractors and federal, local or state governmental agencies relative to the operation of a Company Owned Outlet, including but not limited to permits, licenses, etc.**

provided that in each instance the document and/or agreement is for a period not in excess of five (5) years and for an amount not in excess of \$50,000.

In so doing, he is directed to observe such instructions as to prior approvals, including approvals by the Purchasing and Law Departments, and record keeping as shall have been prescribed by the executive officer of this Company having cognizance of the subject matter.

The above documents are to be retained at the appropriate Company-Owned Outlet location.


This Delegation of Authority shall be in full force and effect from February 1, 2010 to and including January 31, 2012, unless theretofore revoked and cancels and supersedes a similar delegation dated January 16, 2008.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the official corporate seal of said Company to be affixed.



Chairman of the Board,
Chief Executive Officer and President
THE GOODYEAR TIRE & RUBBER COMPANY

Attest:



Assistant Secretary