



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Garage License

GOODYEAR TIRE & RUBBER CO., INC.
D/704, ATTN: LARRY ROBERT
200 INNOVATION WAY
AKRON OH 44316

License #: BL15-000590
File #: 15-478
Fee: 550

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: GOODYEAR TIRE & RUBBER CO., INC. Business Location: 1 BOW ST Business Phone: 617-628-7800	
License Holder: GOODYEAR TIRE & RUBBER CO., INC. D/704, ATTN: LARRY ROBERT 200 INNOVATION WAY AKRON OH 44316	
Mailing Address: GOODYEAR TIRE & RUBBER CO., INC. D/704, ATTN: LARRY ROBERT 200 INNOVATION WAY AKRON OH 44316	
Business Type: Corporation RICHARD KRAMER SCOTT HONNOLD DAVID BIALOSKY	
FID: 340253240	
Emergency Contact: TYRONE LEE Phone: 774-306-2324	
Proposed Hours of Operation if outside standard hours: MO-SA 7AM-7PM, SU 11AM-5PM # of Vehicles Kept Inside: 6 # of Vehicles Kept Outside: 0 Open to the public? Yes Mechanical repairs? Yes Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? No Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	

2015 APR 15 A 9:16
CITY CLERK'S OFFICE
SOMERVILLE, MA

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: _____

Larry Robert

Date: _____

4-2-15



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: The Goodyear 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, (print name) The Goodyear Tire & Rubber Co., 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 2 day of

April, 20 15. [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: _____

1803 # 123057001 # 54 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



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 Company
Address: 200 INNOVATION Way
City: AKRON State: OH Zip: 44316 Phone #: 330-796-2121

- I am an employer with _____ 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Liberty Mutual Insurance Company
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: WA7-C8D-004151-055 Expiration Date: 1-1-16

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: 4-2-15
Print Name: S. MARK PILLON

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 _____

GOODYEAR INSURANCE Corporate Home | Contact Us | Goodyear Sites

PROPERTY AUTO LIABILITY GEN/PROD LIABILITY **WORKER'S COMP**

INSURANCE VERIFICATION o

- Property
- Auto Liability
- General Product Liability
- Workers's Comp**
- Terms and Conditions

Worker's Compensation Insurance - U.S.

Viewing of this screen presumes that you have read and understand the Terms & Conditions, if you have not, please do so now.

Insurer Company A:
Liberty Mutual Insurance Company

Insured Goodyear and its subsidiary companies including The Kelly-Springfield Tire Company, Goodyear Dunlop Tires North America, LTD and Wingfoot Commercial Tire Systems, LLC

Limits W/C Statutory

Policy Period 01/01/2015 - 01/01/2016

Policy Number(s)	Policy Territory
WA7-C8D-004151-055	All Other States
WC7-C81-004151-065	WI
WC7-C81-004151-105	MN

GOODYEAR DUNLOP KELLY TIRE TIRES Sava FULDA

ABOUT GOODYEAR | TERMS & CONDITIONS AND PRIVACY POLICY | COPYRIGHT