

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 #: 2012-222
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 \$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: 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 ___ Ship ___ Other ___

Gov't Partner
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 04/30/2012, please advise.

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

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

SATURDAY: 07:00 AM-07:00 PM

SUNDAY: CLOSED 900 AM - 400 PM

Request for opening

Very truly yours,

John J. Long
City Clerk

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

-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2012-222

FEE: \$550.00

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 MAYOR'S MEETING.

CITY CLERK'S OFFICE
SOMERVILLE, MA

2012 MAY -2 P 2:40

[Handwritten Signature]

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

Check One: Owner ___ Occupant ___ Holder ___

[Handwritten Signature]

Signature of Applicant

Address

City State Zip

** Office Use Only **

Mailed

Taken

Received: 5-2-12 \$550-

CK 2596637

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: GOODYEAR Auto SERVICE CENTER
Somerville Address and Zip Code: 1 Bow St Somerville, MA 02143
Phone Number of the Business: 617-628-7800

The Legal Name of the License Holder: The Goodyear Tire & Rubber Co., Inc
Street Address of the License Holder: 1144 EAST MARKET ST
City, State and Zip Code of the License Holder: AKRON, OH 44316
Phone Number of the License Holder: 330-796-7860
Email Address of the License Holder: alroberto.goodyear.com

Where We Should Send Mail: Name: _____
Street Address: _____
City, State and Zip Code: _____
Email: _____
Phone Number: _____

Federal ID # (Do Not Give a Social Security #): 34-0253240

Emergency Contact and Phone (For Fire Dept. Use): 774-306-2324

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: RICHARD J. KRAMER
Name of Secretary: DAVID L. BIALOSKY
Name of Treasurer: JOSEPH A. HONNOLD
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: [Signature] Date 4-10-12

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.

The Goodyear Tire & Rubber Co., Inc

* Signature of Individual or Corporate Name (Mandatory)

B. B. Stanley

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.



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 GOODYEAR TIRE & RUBBER CO, INC

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: 617-629-7800 evening: _____

I, (print name) THE GOODYEAR TIRE & RUBBER CO, 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 10 day of

April, 20 12. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate # 1751 Water/Sewer # 10905700 Personal Property # 64 Other: _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED
[Signature]
5-2-12



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: The Goodyear Tire & Rubber Co., Inc
 address: 1144 East Market St
 city: AKRON state: OHIO zip: 44316 phone # 330-796-2121

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 _____ employees (full & part time). Other _____
 I am an employer providing workers' compensation for my employees working on this job.

company name: The Goodyear Tire & Rubber Co., Inc
 address: 1144 East Market St
 city: AKRON, OH 44316 phone #: 330-796-2121
 insurance co. Liberty Mutual Insurance Co policy # WA7-C8D-004151-052

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 ~~swear~~ certify under the pains and penalties of perjury that the information provided above is true and correct.
 * Signature Brent Strainberg Date 4-10-12
 X Print name BRENT STRAINBERG Phone # 330-796-2121

official use only do not write in this area to be completed by city or town official
 city or town: _____ permit/license # _____
 check if immediate response is required
 contact person: _____ phone #: _____
 Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____
 (revised Sept. 2003)

The State of Ohio, County of Summit, S.S.

Personally appeared before me, the undersigned, a Notary Public, in and for said county, this 23rd day of August, A.D. 1898,

the above named Henry A. Mantz, David E. Heise, Geo R. Leiss, James H. Miers,

and Frank A. Stibeling, who each severally acknowledged the signing of the foregoing articles of incorporation to be his free and voluntary act for the uses and purposes therein mentioned.

Witness my hand and official seal on the day and year last aforesaid.

[SEAL] Tenant Stumpf U. S. Dickinson Notary Public

The State of Ohio, County of Summit, S.S.

I, Edward H. Hensley, Clerk of the Court of Common Pleas, within and for the county aforesaid, do hereby certify that A. S. Dickinson

whose name is subscribed to the foregoing acknowledgment as a Notary Public, was at the date thereof a Notary Public in and for said county, duly commissioned and qualified, and authorized as such to take said acknowledgment, and further, that I am well acquainted with his handwriting, and believe that the signature to said acknowledgment is genuine.

In Witness Whereof, I have hereunto set my hand, and affixed the seal of said Court, at Columbus, Ohio, this 27th day of August, A.D. 1898.

[SEAL] Tenant Stumpf E. A. Hensley

United States of America, STATE OF OHIO, OFFICE OF THE SECRETARY OF STATE, 55.

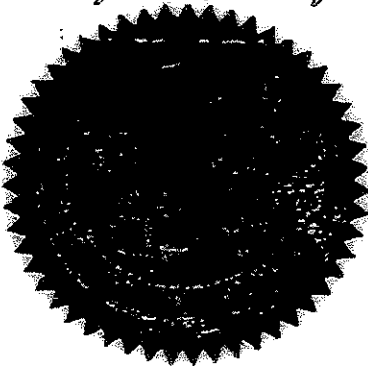
I, Charles Kinney, Secretary of State, of the State of Ohio, do hereby certify that the foregoing is an unimpaired copy, carefully compared by me with the original record, now in my official custody as Secretary of State, and found to be true and correct, of the Articles of Incorporation of

The Goodman Tire & Rubber

Company, filed in this office on

the 29th day of August, A.D. 1898, and recorded in

Volume 17, page 390, of the Records of Incorporations.



Witness my hand and official seal, at Columbus, Ohio, this 29th day of August, A.D. 1898.

Charles Kinney Secretary of State



INSURANCE VERIFICATION

- 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 WC Statutory

Policy Period 1/1/2012 - 1/1/2013

Policy Number(s)	Policy Territory
WA7-C8D-004151-052	All Other States
WC7-C81-004151-062	OR, WI
WA7-C8D-004151-102	MN



ABOUT GOODYEAR | PRIVACY POLICY | COPYRIGHT

ST-2

MASSACHUSETTS DEPARTMENT OF REVENUE

CERTIFICATE OF EXEMPTION



Certification is hereby made that the organization herein named is an exempt purchaser under General Laws, Chapter 64H, Sections 6(d) and (e). All purchases of tangible personal property by this organization are exempt from taxation under said chapter to the extent that such property is used in the conduct of the business of the purchaser. Any abuse or misuse of this certificate by any tax-exempt organization or any unauthorized use of this certificate by any individual constitutes a serious violation and will lead to revocation. Willful misuse of this Certificate of Exemption is subject to criminal sanctions of up to 1 year in prison and \$10,000 (\$50,000 for corporations) in fines. (See reverse side).

CITY OF SOMERVILLE
93 HIGHLAND AVENUE
SOMERVILLE MA 02143

EXEMPTION NUMBER E
046-001-414
ISSUE DATE
01/02/90
CERTIFICATE EXPIRES ON
NONE

NOT ASSIGNABLE OR TRANSFERABLE

COMMISSIONER OF REVENUE

STEPHEN W. KIDDER