



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

2015 MAR 26 A 11:17

Application to Renew Garage License

TRACER TECHNOLOGIES, INC.
20 ASSEMBLY SQUARE DR
SOMERVILLE MA 02145

CITY CLERK'S OFFICE
SOMERVILLE MA
License #: BL15-000960
File #: 15-760
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: TRACER TECHNOLOGIES, INC. Business Location: 20 ASSEMBLY SQ DR Business Phone: 617-776-6410	
License Holder: TRACER TECHNOLOGIES, INC. 20 ASSEMBLY SQUARE DR SOMERVILLE MA 02145	
Mailing Address: TRACER TECHNOLOGIES, INC. 20 ASSEMBLY SQUARE DR SOMERVILLE MA 02145	
Business Type: Corporation FRASER WALSH FRASER WALSH FRASER WALSH	
FID: 042470959	
Emergency Contact: FRASER WALSH Phone:	
Proposed Hours of Operation if outside standard hours: MO-FR 8AM-6PM, SA 8AM-2PM # of Vehicles Kept Inside: 0 # of Vehicles Kept Outside: 40 Open to the public? Yes Mechanical repairs? No Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? Yes Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	

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: Fraser Walsh Date: 3/20/15

Printed Name: FRASER WALSH Phone: 617-776-6410

03/20/2015 13:58

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TRACER TECHNOLOGIES

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City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDINGExact name of taxpayer/applicant's business: ECO LLCAddress of taxpayer/applicant's business in Somerville: 20 North Union St
20 Assembly Sq. Drive

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

Taxpayer/applicant's phone: day: 617-776-6410 evening: _____

I, (print name) FRASER WALSH 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 20th day of MARCH, 2015. Fraser Walsh
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENTDATE OF ISSUANCE: 3/23/15 INCLUDES RELEVANT POSTINGS THROUGH: 3/20/15

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☒ Real Estate☒ Water/Sewer☐ Personal Property☐ Other: _____28702095144034001# 02085037# 102049011

102050001

NOTES: _____

CLERK'S INITIALS: Rie

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: FRASER WALSH, TRACER Technologies Inc
Address: 20 Assembly Sq. Drive
City: Somerville State: MA Zip: 02145 Phone #: (617) 776-6410

- ☒ I am an employer with 86 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: Nor Guard Insurance Co.
Address: PO Box A-H, 16 S. River Street
City: Wilkes-Barre State: PA Zip: 18703 Phone #: 978-922-2288
Policy #: TRWC552403 Expiration Date: 12/1/2015

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: Fraser Walsh Date: 3/20/15
Print Name: FRASER WALSH

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 _____