

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

ENTERPRISE RENT-A-CAR
248 MISHAWUM ROAD
WOBBURN MA 01801

LIC #: 2011-247
B.O.A.# 182340

*** 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 \$500.00 not
later than April 30, 2011. 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: ENTERPRISE RENT-A-CAR COMPANY OF BOSTON, LL TEL: 617-625-1766
Company Address: 00037 MYSTIC AV

City: SOMERVILLE State: MA Zip: 02143

Check One: ☐ Individual: ☐ Co: ☐ Corp: ☒ Trust: ☐ Agency ☐ Ship ☐ Gov't ☐ Partner ☐ Other ☐
Owner Name: ENTERPRISE RENT-A-CAR TEL: 781-272-7300
Owner Address: 248 MISHAWUM ROAD

Owner City: WOBBURN State: MA Zip: 01801
FID#: 431526718

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 04/30/2011, please advise.

***** HOURS OF OPERATIONS *****
MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2011-247
FEE: \$500.00

This is to certify: ENTERPRISE RENT-A-CAR
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 12/21/2006
Garage situated at: 00037 MYSTIC AV
Doing business as : ENTERPRISE RENT-A-CAR COMPANY OF BOSTON, LLC.
Shall not exceed: 1 Vehicles Inside & 18 Vehicles Outside, not on public ways
in addition the following restrictions apply:
DRAIN IN BUILDING. STORAGE 4 ON SIDE OF BUILDING, 14 IN YARD,
1 INSIDE GARAGE.

This renewal certificate must be signed by the holder of the license.
Check One: ☐ Owner ☐ Occupant ☒ Holder

Signature of Applicant

248 Mishawum Road

Address

Woburn, MA 01801

City State Zip

** Office Use Only **

Mailed ☐

Taken ☐

Received: _____

City Clerk

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.

Enterprise Rent-A-Car Company of Boston, LLC

* Signature of Individual or Corporate Name (Mandatory)

Margy J. Runk
By: Corporate Officer (Mandatory, if a corporation)

43-1526718

** 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: Enterprise Rent-A-Car Company of Boston, LLC

Address of taxpayer/applicant's business in Somerville: 37 Mystic Ave.

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

Taxpayer/applicant's phone: day: 781-272-7300 evening: 781-272-7300

I, (print name) _____, 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 4 day of April, 20 11.

(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: _____
89000184 # 102010001 # 30056130 # _____

NOTES:

CLERK'S INITIALS: 29

ORIGINAL STAMP:



RECEIVED
4-6-11



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: Enterprise Rent-A-Car Company of Boston, LLC

address: 3A Enterprise Road (293 Minerva Rd.)

city: Billerica (Woburn)

state: MA

zip: 01821 (01801)

phone # 781-935-5858 or 781-272-7300

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

☒ I am an employer with 1200 employees (full & part time). ☐ Office ☐ Sales (including Real Estate, Autos etc.)

☒ Other Car Rental

☐ I am an employer providing workers' compensation for my employees working on this job.

company name:

address:

city:

phone #:

insurance co.

policy #

☐ 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: Fidelity and Guaranty Insurance Co. c/o Marsh USA Inc.

address: 701 Market St., Suite 1100

city: St. Louis, MO 63101

phone #: 866-966-4664

insurance co. Fidelity and Guaranty Insurance Co.

policy # D002W00865

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

Date

4/4/2011

Print name

Phone #

Gregory J Rusnak 781-272-7300

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 #:

(revised Sept. 2003)

- ☐ Building Department
☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/26/2010

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 Marsh USA Inc. 701 Market Street Suite 1100 St. Louis, MO 63101 ENTER-STND-GAW-10-11 10RR		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	
INSURED Enterprise Holdings, Inc. 600 Corporate Park Drive St. Louis, MO 63105		INSURER(S) AFFORDING COVERAGE INSURER A: Discover Property And Casualty Ins Co 36463 INSURER B: Fidelity And Guaranty Insurance Co. 35386 INSURER C: Fidelity And Guaranty Ins Undwrtr, Inc 25879 INSURER D: United States Fidelity & Guaranty Company 25887 INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:**

CHI-003344184-14

REVISION NUMBER: 6

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 SUBR INSR 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 <input checked="" type="checkbox"/> Fire Damage (Any One Fire) GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC		D002L00409	09/01/2010	09/01/2011	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	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 <input checked="" type="checkbox"/> SIR \$2,000,000		D002V00143	09/01/2010	09/01/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	D002W00863 (NJ/NV) D002W00865 (AOS) D002W00866 (AZ, AK, OR, WI) D002W00864 (HI)	09/01/2010 09/01/2010 09/01/2010 09/01/2010	09/01/2011 09/01/2011 09/01/2011 09/01/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER 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)

Certificate Holder is added as an additional insured where required by written contract. Any Auto owned or leased by the named insured while operated by employees of the named insured. No coverage provided to renters under this policy.

CERTIFICATE HOLDER**CANCELLATION**

Registry of Motor Vehicles Commonwealth of Massachusetts P.O. Box 55889 Boston, MA 02205	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 of Marsh USA Inc. Katey E. Jones
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