



**CITY OF SOMERVILLE  
BOARD OF ALDERMEN**  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600

**APPLICATION TO RENEW GARAGE LICENSE**

**MONRO MUFFLER BRAKE INC**  
**LICENSE #428/12**  
**200 HOLLEDER PARKWAY**  
**ROCHESTER, NY 14615-3808**

License #: **772**  
City # **G257**  
Fee: **550.00**  
Account ID: **655**  
Reference #: **772**

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: <b>MONRO MUFFLER BRAKE INC</b> Business Location: <b>223 WASHINGTON ST</b> Business Phone: <b>617-625-7270</b>	
License Holder: <b>MONRO MUFFLER BRAKE INC</b> <del>LICENSE #428/12</del> <b>200 HOLLEDER PARKWAY</b> <b>ROCHESTER, NY 14615-3808</b> <b>617-625-7270</b>	
Mailing Address: <b>MONRO MUFFLER BRAKE INC</b> <del>LICENSE #428/12</del> <b>200 HOLLEDER PARKWAY</b> <b>ROCHESTER, NY 14615-3808</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - JOHN VAN HEEL</b> <b>SECRETARY - JOHN VAN HEEL</b> <b>TREASURER - JOHN VAN HEEL</b>	
FID: <b>160838627</b>	
Food Manager/Emergency Contact: <b>TIM GOSS</b> <b>508-304-4691</b>	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 7:30AM-7PM, SA 7AM-4PM**

**OPEN TO THE PUBLIC**

- 1 MECHANICAL REPAIRS
- 4 VEHICLES INSIDE
- 12 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

**Originally Issued 4/22/2009. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.**

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: *Amelia Ayon* Date: 3/29/14  
Print Name: *A. Ayon* Phone: 585 647 6450



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Monro Muffler Brake Inc

Address of taxpayer/applicant's business in Somerville: 223 Washington St

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: \_\_\_\_\_ evening: \_\_\_\_\_

I, (print name) Catherine D'Amico, 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 29 day of March, 20 14. Catherine D'Amico  
(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: \_\_\_\_\_

# 15721      # 119 007 001      # 1289      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS:

ORIGINAL STAMP:

The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit- General Business

Applicant information:

Name: Monro Muffler Brake Inc  
 Address: 200 Hollister Pkwy  
 City: Roch State: NY Zip: 14615 Phone #: 585 6476482

I am an employer with 502 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: Travelers Insurance  
 Address: 90 First Niagara Risk Mgmt  
 City: 777 Canal View Blvd Suite 100 Roch NY 14615 State: NY Zip: 14615 Phone #:

Policy #: TC200B177D8150 Expiration Date: 4/1/15

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: Catherine D. Amico Date: 3/29/14  
 Print Name: Catherine D. Amico

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 \_\_\_\_\_