

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

PETER A. DUPUIS, SR.
P.O. BOX 207, 2 ALPINE STREET
SOMERVILLE MA 02143

LIC #: 2012-003
B.O.A.#

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair:___ Auto Body Work:___ Parking or Storing Vehicles: X

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: FAULKNER BROS. INC. TEL: 617-625-8255Company Address: 00013 ALPINE STCity: SOMERVILLE State: MA Zip: 02143

Check One:

Individual:___ Co:___ Corp: X Trust:___ Agency___ Ship___ Other___Owner Name: PETER A. DUPUIS, SR.TEL: 617-625-8255Owner Address: P.O. BOX 207, 2 ALPINE STREETOwner City: SOMERVILLE State: MA Zip: 02143FID#: 042305114

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-06:00 PM

SATURDAY: 07:00 AM-06:00 PM

SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2012-003

FEE: \$550.00

This is to certify: PETER A. DUPUIS, SR.
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 06/25/1945

Garage situated at: 00013 ALPINE ST

Doing business as : FAULKNER BROS. INC.

Shall not exceed: 10 Vehicles Inside

in addition the following restrictions apply:

STORAGE ONLY

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

Check One: Owner ___ Occupant ___ Holder X

Signature of Applicant

2 Alpine St
AddressSomerville MA 02144
City State Zip

** Office Use Only **

Mailed

Taken

Received: 4-20-12 550CR 9926

City Clerk

2012 APR 19 A 9:33
CITY CLERK'S OFFICE
SOMERVILLE, MA

IMPORTANT

6

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: Faulkner Brothers Inc
Somerville Address and Zip Code: 2 Alpine St. 02144
Phone Number of the Business: 617-625-8255

The Legal Name of the License Holder: Faulkner Brothers Inc
Street Address of the License Holder: 2 Alpine St.
City, State and Zip Code of the License Holder: Somerville MA 02144
Phone Number of the License Holder: 617-625-8255
Email Address of the License Holder: pbinfo@faulknerinc.com

Where We Should Send Mail: Name: Peter Dupuis
Street Address: P O Box 207
City, State and Zip Code: Somerville, MA 02143
Email: pbinfo@faulknerinc.com
Phone Number: 617-625-8255

Federal ID # (Do Not Give a Social Security #): 04-2305114

Emergency Contact and Phone (For Fire Dept. Use): Peter Dupuis 617-625-8255

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: Michael R. Dupuis
Name of Secretary: Michael R. Dupuis
Name of Treasurer: Peter A Dupuis Jr.
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: Peter Dupuis Date 4/19/12

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.

Paulkner Brothers Inc.

* Signature of Individual or Corporate Name (Mandatory)

Peter Paulkner
By: Corporate Officer (Mandatory, if a corporation)

04-2365114

** 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: Faulkner Brothers Inc.

Address of taxpayer/applicant's business in Somerville: 2 Alpine St.

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

Taxpayer/applicant's phone: day: 617-625-8255 evening: 617-625-8255

I, (print name) Peter A. Dupuis Jr., 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 19th day of April, 20 12. Peter A. Dupuis Jr.
(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: _____

352 # _____ # 15 # _____

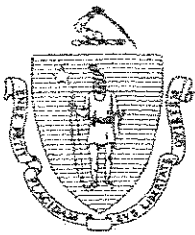
NOTES:

CLERK'S INITIALS: W

ORIGINAL STAMP:



RECEIVED
4-19-12



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: Faulkner Brothers Inc.
address: 2 Alpine St.
city: Somerville state: MA zip: 02144 phone # 617-625-8255

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 14 employees (full & part time). ☐ Other

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

company name: Faulkner Brothers Inc.
address: 2 Alpine St.
city: Somerville phone #: 617-625-8255
insurance co. Federated Mutual Insurance Co. policy # 9915645

☐ 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(s) 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 year's 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: Peter A. O'Neil Jr. Date: 4/19/12
Print name: Peter A. O'Neil Jr. Phone #: 617-625-8255

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ ☐ Building Department

☐ check if immediate response is required

contact person: _____ phone #: _____ ☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other _____

(revised Sept. 2003)