

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

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

LIC #: 2012-247
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: X

Washing Vehicles: X 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: 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: X Trust: \_\_\_ Agency \_\_\_ Ship \_\_\_ Other \_\_\_

Gov't Partner
Owner Name: ENTERPRISE RENT-A-CAR TEL: 781-272-7300

Owner Address: 248 MISHAWUM ROAD

Owner City: WOBURN 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 04/30/2012, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*
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 #: 2012-247
FEE: \$550.00

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 X

Signature of Applicant
248 Mishawum Road
Address
Woburn, MA 01801
City State Zip

\*\* Office Use Only \*\*
Mailed Taken
Received: 4/5/12 - MS
\$550.00 CR# 93037
City Clerk

2012 APR -5 PM 3:36

**IMPORTANT**

#619  
REF 736

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: ENTERPRISE RENT-A-CAR  
 Somerville Address and Zip Code: 37 MYSTIC AVE., SOMERVILLE, MA 02143  
 Phone Number of the Business: (617) 625-1766

The Legal Name of the License Holder: ENTERPRISE RENT-A-CAR COMPANY OF BOSTON, LLC  
 Street Address of the License Holder: 3A ENTERPRISE ROAD  
 City, State and Zip Code of the License Holder: BILLENICA, MA 01821  
 Phone Number of the License Holder: (781) 935-5858  
 Email Address of the License Holder: GREGORY.RUSNAK@EHI.COM or BETTY.L.MARCINKIEWICZ@EHI.COM

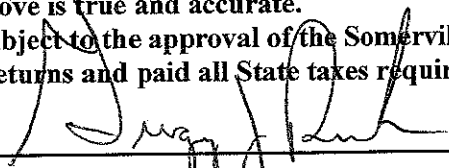
Where We Should Send Mail: Name: ENTERPRISE RENT-A-CAR  
 Street Address: 248 MICHAWUM ROAD  
 City, State and Zip Code: WOLUEN, MA 01801  
 Email: GREGORY.RUSNAK@EHI.COM or BETTY.L.MARCINKIEWICZ@EHI.COM  
 Phone Number: (781) 272-7300

Federal ID # (Do Not Give a Social Security #): 43-1526718

Emergency Contact and Phone (For Fire Dept. Use): SETH POY (617) 593-9534

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 <sup>VICE-</sup>President: GREGORY RUSNAK  
 Name of <sup>GENERAL MANAGER:</sup>Secretary: STEVE BRADWAY  
 Name of Treasurer: \_\_\_\_\_  
 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:  Date 4/3/2012

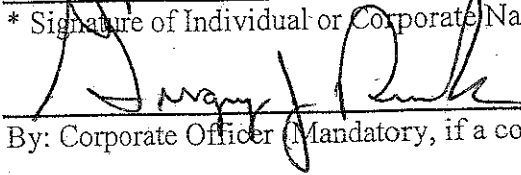
MASSACHUSETTS DEPARTMENT OF REVENUE

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)



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 26 <sup>3</sup> day of April, 2012.  
[Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**


DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

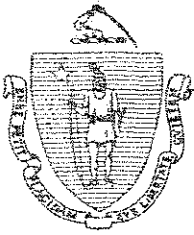
**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_  
# 10633      # 102010001      # 945      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: UB

ORIGINAL STAMP:  **RECEIVED**  
[Signature]  
4-5-12



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street, 7<sup>th</sup> 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 Pond

city: Billerica state: MA zip: 01821 phone #: (781) 935-5858

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 1200 employees (full & part time).  Other CAR RENTALS

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: TRAVELERS Property Casualty Co. of America c/o March USA Inc.

address: 701 Market St.

city: St. Louis phone #: 866-966-7667

insurance co. Travelers Property Casualty Co. of America policy # 14021-08-479M7050-11

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: Gregory J Roswark Date: 3/26/2012

Print name: Gregory J Roswark Phone #: (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 # \_\_\_\_\_  Building Department

check if immediate response is required  Licensing Board

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_  Selectmen's Office

(revised Sept. 2003)

Health Department

Other \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/28/2011

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).

<b>PRODUCER</b> Marsh USA Inc. 701 Market Street Suite 1100 St. Louis, MO 63101		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):	
ENTER-STND-GAW-11-12	10A1	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Enterprise Holdings, Inc. and its subsidiaries 600 Corporate Park Drive St. Louis, MO 63105		<b>INSURER A:</b> The Travelers Indemnity Company of Connecticut	NAIC # 25682
		<b>INSURER B:</b> Travelers Property Casualty Co. of America	25674
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CHI-004318053-01      **REVISION NUMBER:** 3

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	ADDITIONAL SUBRS INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <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)		HC2E-GLSA-474M7351-TCT-11	09/01/2011	09/01/2012	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	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SIR \$2,000,000		HE-EAP-474M7302-TCT-11	09/01/2011	09/01/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	HC2J-UB-474M7050-11 (AOS) HRJ-UB-474M7062-11 (WI)	09/01/2011 09/01/2011	09/01/2012 09/01/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 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)

Re: GPBR #10A1, Location: 248 Mishawum Road, Woburn, MA 01801

Auto coverage insures 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.

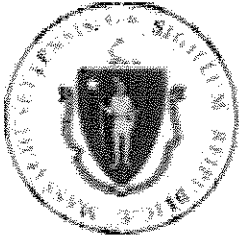
**CERTIFICATE HOLDER**Commonwealth of Massachusetts  
Registry of Motor Vehicles  
PO Box 55889  
Boston, MA 02205**CANCELLATION**

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.

Manashi Mukherjee

*Manashi Mukherjee*



**The Commonwealth of Massachusetts  
William Francis Galvin**

Secretary of the Commonwealth, Corporations Division  
One Ashburton Place, 17th floor  
Boston, MA 02108-1512  
Telephone: (617) 727-9640

**ENTERPRISE RENT-A-CAR COMPANY OF BOSTON, INC. Summary Screen**



Help with this form

Request a Certificate

The exact name of the Domestic Profit Corporation: ENTERPRISE RENT-A-CAR COMPANY OF BOSTON, INC.

Entity Type: Domestic Profit Corporation

Identification Number: 431526718

Old Federal Employer Identification Number (Old FEIN): 000303834

Date of Organization in Massachusetts: 05/22/1989

Date of Charter Surrender: 07/31/2009

Current Fiscal Month / Day: 07 / 31

Previous Fiscal Month / Day: 00 / 00

**The location of its principal office:**

No. and Street: 3A ENTERPRISE ROAD  
City or Town: BILLERICA State: MA Zip: 01821 Country: USA

**If the business entity is organized wholly to do business outside Massachusetts, the location of that office:**

No. and Street:  
City or Town: State: Zip: Country:

**Name and address of the Registered Agent:**

Name: C T CORPORATION SYSTEM  
No. and Street: 155 FEDERAL STREET  
STE 700  
City or Town: BOSTON State: MA Zip: 02110 Country: USA

**The officers and all of the directors of the corporation:**

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code	Expiration of Term
PRESIDENT	PAMELA M. NICHOLSON	600 CORPORATE PARK DR. ST. LOUIS, MO 63105 USA	
TREASURER	WILLIAM W. SNYDER	600 CORPORATE PARK DR. ST. LOUIS, MO 63105 USA	
SECRETARY	MARK I. LITOW	600 CORPORATE PARK DR. ST. LOUIS, MO 63105 USA	