

NEW

2010 APR 30 A 10:04

REVISED

# GARAGE LICENSE APPLICATION

CITY CLERK'S OFFICE  
SOMERVILLE, MA

Application Fee \$500.00

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 4/25/10 - MS/SS

Amount Paid \$575.00 OK # 57480

Date March 1, 2010

rev. April 29, 2010

☒ New Application

For the storage of 42 vehicles inside

☐ Renewing Application with Additions or Changes

☐ vehicles outside

☐ Renewing Application with NO Additions or Changes

Business Name: APCA Third Avenue LLC (Owner) Phone: 617-451-9800

Business DBA Name (if applicable): Not applicable

Address with Zip Code: \_\_\_\_\_

Mailing Name (where we should send correspondence to): Questions regarding this application may be directed to:

Address with Zip Code: Michele Mulvaney, WilmerHale, 60 State Street, Boston, MA 02109  
Phone: 617-526-5163

Property Owner Name: APCA Third Avenue LLC Phone: 617-451-9800

Address with Zip Code: 200 State Street, 3rd floor, Boston, MA 02109

Emergency Contact 1: John Caldwell Phone: 617-933-8250

Emergency Contact 2: Thomas Woods Phone: 617-933-8246

Type of Business (Check one): ☐ Sole Proprietorship ☐ Partnership ☒ LLC  
☐ Corporation ☐ Other \_\_\_\_\_

## IF A SOLE PROPRIETORSHIP:

Owner's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

## IF A PARTNERSHIP, LLC OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Kevin McCall, Authorized Signatory

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Secretary's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Treasurer's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

1. Will you be open to the public at this location? Y ☐ N ☒
2. Will you be doing mechanical repairs of vehicles at this location? Y ☐ N ☒
3. Will you be doing autobody work on vehicles at this location? Y ☐ N ☒
4. Will you be spray painting vehicles or parts at this location? Y ☐ N ☒
5. Will you be washing vehicle at this location? Y ☐ N ☒
6. Will you be charging money to park vehicles at this location? Y ☐ N ☒
7. Will you be storing registered vehicles at this location? Y ☐ N ☐
8. Will you be storing unregistered vehicles at this location? Y ☐ N ☐
9. Will you be operating a tow vehicle at this location? Y ☐ N ☒

Have you ever obtained a garage license before? Y ☐ N ☒

If yes, list year, city and state \_\_\_\_\_

Have you ever been denied a garage license? Y ☐ N ☒

If yes, list year, city and state \_\_\_\_\_

Have you ever had a garage license revoked or suspended? Y ☐ N ☒

If yes, list year, city and state \_\_\_\_\_

Describe all of the premises to be used in the business: 15,120 sf warehouse space to be devoted to indoor parking/storage facility for vehicles

The hours of operation for garages are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

None; not open to the public

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WILMERHALE

CITY CLERK'S OFFICE  
SOMERVILLE, MA

+1 617 526 6000 (t)  
+1 617 526 5000 (f)  
wilmerhale.com

April 30, 2010

**HAND DELIVERY**

John J. Long  
Somerville City Clerk  
93 Highland Avenue  
Somerville, MA 02143

Re: 44 Third Avenue Application for Garage License

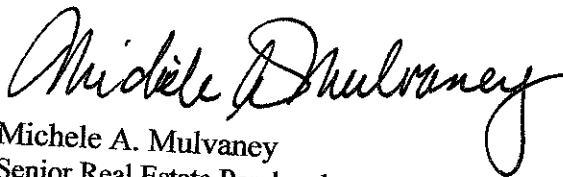
Dear John:

In accordance with our recent communications, I have enclosed a Revised Cover Page to the Garage License Application previously submitted for 44 Third Avenue, which corrects the business name of the Applicant. Also included is a new Workers' Compensation Insurance Affidavit. Kindly substitute these pages in the Garage License Application you currently have on file and provide me with a stamped copy of the complete application to be presented at the Board of Aldermen meeting on May 13, 2010.

With respect to the Storage of Flammables License, Capt. Lee of the Fire Department has confirmed that the proposed storage of 42 vehicles does not trigger the requirement for a 148 Sec. 13 License, as the total gallons stored will be under the threshold for that approval. Accordingly, the Storage of Flammables License Application previously submitted for this address is hereby withdrawn.

Thank you for your assistance.

Sincerely,



Michele A. Mulvaney  
Senior Real Estate Paralegal

+1 617 526 5163  
michele.mulvaney@wilmerhale.com

MAM  
Enclosures

OK

### ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on April 30, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: [Signature] Date 3/01/2010, 2010

Business Name: Kevin McCall, Authorized Signatory

Business Address: \_\_\_\_\_

### INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a IA Zone.

       The use is permitted as of right

  X   The use requires a special permit Approved - Planning Board and ZBA

       The use is prohibited

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the State Building Code. (NOTE: This statement is NOT a certificate of occupancy, nor does it replace the requirement for a certificate of occupancy.)

Maximum number of motor vehicles to be kept on the premises: 42 inside  
\_\_\_\_\_ outside

Signature: [Signature] Date: 4-10-10

Print Name: EDDIE NUZZO Title: Superintendent

### FIRE PREVENTION BUREAU RECOMMENDATION

I have inspected the premises mentioned above and based on my inspection:

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the Fire Safety Code. (NOTE: This statement is NOT a storage of flammables permit, nor does it replace the requirement for a storage of flammables permit.)

       A 148 sec. 13 License is required

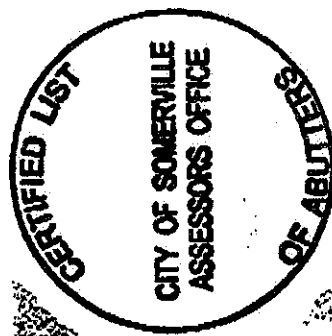
  X   A 148 sec. 13 License is NOT required

Signature: [Signature] Date: 4/9/10

Print Name: William Lee Title: Acting Deputy Chief

**GIS ABUT  
SOMERVILLE, MA**

Location	Grantee	Co grantee's Name	Mailing Address	City	St Zip	Use Code Use Descr
REAR INNER BELT RD	MBTA	C/O BRENNAN MICHAEL R E D	10 PARK PLAZA SUITE 5750	BOSTON	MA 02116	9720 MBTA AUTO
50 INNER BELT RD	PENNA REALTY ASSOCIATES L		228 ANDOVER ST PO BOX 1001	WILMINGTON	MA 01887	4320 DATA CENTE
21 THIRD AVE	TRUST IBIC REALTY	C/O HAMLEN & COMPANY, INC	54 CANAL ST 5TH FLOOR	BOSTON	MA 02114	4010 IND WHSES
43 THIRD AVE	TRUST IBIC REALTY	C/O UPS DENNIS GRAY-REAL	643 WEST 43RD ST 8TH FLOOR	NEW YORK	NY 10036	4010 IND WHSES
48 THIRD AVE	APCA THIRD AVENUE LLC	C/O PARADICK PROPERTIES	20 CUSTOM HOUSE ST #800	BOSTON	MA 02110	4020 IND OFFICE
70 INNER BELT RD	CRP 70 INNER BELT LLC	C/O THE CARLITE GROUP	1001 PENNSYLVANIA AVE NW	WASHINGTON	DC 20020	4320 DATA CENTE
0 INNER BELT RD	MBTA	C/O BRENNAN MICHAEL R E D	10 PARK PLAZA SUITE 5750	BOSTON	MA 02116	9720 MBTA VACAN
20 THIRD AVE	ALLEN HARVEY & SCOTT & SH ALLEN C TRUST		20 THIRD AVE	SOMERVILLE	MA 02143	4010 IND WHSES



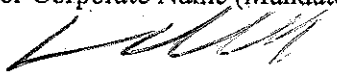
OK

**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.

APCA Third Avenue LLC

\*Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation) Kevin McCall, Authorized Signatory

\*\*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.

OK



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: APCA Third Avenue LLC

Address of taxpayer/applicant's business in Somerville: 44-48 Third Avenue

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

Taxpayer/applicant's phone: day: 617-451-9800 evening: \_\_\_\_\_

I, (print name) Kevin McCall, Authorized Signatory, 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 1<sup>st</sup> day of

March, 20 10 [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: \_\_\_\_\_

# 03104192 # 551001044 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UBS ORIGINAL STAMP:

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143  
(617) 625-6600 EXT. 3500 • TTY: (668) 808-4831 • FAX: (617) 666-9682  
WWW.SOMERVILLEMA.GOV

received  
4-9-10  
Carraway

grove

*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: APCA Third Avenue LLC (Owner)

Address: 200 State Street, 3rd floor

City: Boston

State: MA

Zip: 02109

Phone #: 617-451-9800

- |                                                                                                                                |                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).                                        | Business Type: <input type="checkbox"/> Retail                         |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees.                                          | <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          | <input type="checkbox"/> Nonprofit                                     |
|                                                                                                                                | <input type="checkbox"/> Entertainment                                 |
|                                                                                                                                | <input type="checkbox"/> Manufacturing                                 |
|                                                                                                                                | <input type="checkbox"/> Health Care                                   |
|                                                                                                                                | <input checked="" type="checkbox"/> Other <u>LLC has no employees</u>  |

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Not applicable

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**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 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: [Signature] Date: 7/29/2010

Print Name: Kevin McGold

*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 #: \_\_\_\_\_

- |                                              |
|----------------------------------------------|
| <input type="checkbox"/> Board of Health     |
| <input type="checkbox"/> Building Department |
| <input type="checkbox"/> City/Town Clerk     |
| <input type="checkbox"/> Licensing Board     |
| <input type="checkbox"/> Selectmen's Office  |
| <input type="checkbox"/> Other _____         |

(revised Jan. 2008).