



Scanned
& e-mailed
to Brian
3-25-15

CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

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MAR 20 2015

SOMERVILLE

2015 APR 17 A 11: 23

Application to Renew Garage License

CITY CLERK'S OFFICE
SOMERVILLE, MA

BEACON SALES COMPANY
50 WEBSTER AVE
SOMERVILLE MA 02143

License #: BL15-000779
File #: 15-661
Fee: 550

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: BEACON SALES COMPANY Business Location: 50 WEBSTER AVE Business Phone: 617-666-2800 | |
| License Holder: BEACON SALES COMPANY 50 WEBSTER AVE SOMERVILLE MA 02143 | |
| Mailing Address: BEACON SALES COMPANY 50 WEBSTER AVE SOMERVILLE MA 02143 | |
| Business Type: Corporation JAMES MACKIMM JAMES MACKIMM JAMES MACKIMM | |
| FID: 364173366 | |
| Emergency Contact: RICHARD BOISVERT Phone: 617 719-1680 | |
| Proposed Hours of Operation if outside standard hours: MO-FR 8AM-6PM, SA 8AM-2PM # of Vehicles Kept Inside: 8 # of Vehicles Kept Outside: 0 Open to the public? Yes Mechanical repairs? No Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? Yes Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No | |

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:  Date: 3-25-15

Printed Name: Brian S. Gubray Phone: _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

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CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Beacon Sales Co.

Address of taxpayer/applicant's business in Somerville: 50 Webster Avenue

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

Taxpayer/applicant's phone: day: 617-464-2800 evening: _____

I, (print name) Brian Godfrey, 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 31 day of March, 20 15. Brian Godfrey
(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: _____

12083 # 124075001 # 1280 # _____

NOTES:

CLERK'S INITIALS: ER

ORIGINAL STAMP:

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

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Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Beacon Sales Co.
Address: 50 Webster Ave
City: Somerville State: MA Zip: 02143 Phone #: 617-666-2800

- I am an employer with _____ 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 wholesaler

Workers' compensation insurance information (if applicable):

Insurance Company Name: AIG American Home Assurance
Address: P.O. Box 1821
City: Alpharetta State: GA Zip: 30004 Phone #: 877-638-4244
Policy #: WC1549245 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 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: [Signature] Date: 3-31-15
Print Name: Brian J. Godwin

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 _____