

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

MONRO MUFFLER BRAKE
200 HOLLEDER PARKWAY
ROCHESTER NY 14615

LIC #: 2011-257
B.O.A.# 187508

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: ___ Parking or Storing Vehicles: ___
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 \$500.00 not later than April 30, 2011. 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: MONRO MUFFLER BRAKE, INC. TEL: 617-625-7270
Company Address: 00223 WASHINGTON ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Ship ___ Other ___
Gov't Partner
Owner Name: MONRO MUFFLER BRAKE TEL: 508-304-4691
Owner Address: 200 HOLLEDER PARKWAY

Owner City: ROCHESTER State: NY Zip: 14615
FID#: 160838627

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 04/30/2011, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 07:30 AM-07:00 PM
SATURDAY: 07:00 AM-04:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2011-257
FEE: \$500.00

This is to certify: MONRO MUFFLER BRAKE
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 04/22/2009

Garage situated at: 00223 WASHINGTON ST
Doing business as : MONRO MUFFLER BRAKE, INC.

Shall not exceed: 4 Vehicles Inside & 12 Vehicles Outside, not on public ways
in addition the following restrictions apply:

2011 APR 26 A 9:56
CITY CLERK'S OFFICE
SOMERVILLE, MA

This renewal certificate must be signed by the holder of the license
Check One: Owner X Occupant ___ Holder ___

X Catherine D'Amico
Signature of Applicant

Monro Muffler 200 Hollleder Parkway
Address

Roch NY 14615
City State Zip

** Office Use Only **
Mailed ___
Taken ___

Received: 4/26/11 -ms
\$500.00 ck# 1395563
City Clerk

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.

Monro Muffler Brake

* Signature of Individual or Corporate Name (Mandatory)

Catherine D'Amico

By: Corporate Officer (Mandatory, if a corporation)

11e-08381027

** 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: Monro Muffler Brake Inc

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

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

Taxpayer/applicant's phone: day: 585 647 6450 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 25 day of April, 20 11. Catherine D'Amico
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

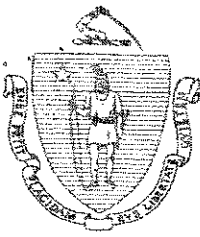
Real Estate Water/Sewer Personal Property Other: _____
19638074 # 119007601 # No Recd # _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

Received
4-26-11



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: Monro Muffler Brake Inc
 address: 200 Hollister Pkwy
 city: Rochester state: Ny zip: 14615 phone # 5856476400

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 5246 employees (full & part time). Other

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

company name: _____
 address: _____
 city: _____ phone #: _____
 insurance co. Travelers Insurance policy # TC20UB-177D850-11

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 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 Catherine D'Amico Date 4/23/11
 Print name Catherine D'Amico Phone # 5856476400

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

city or town: _____ permit/license # _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other
 check if immediate response is required
 contact person: _____ phone #: _____
 (revised Sept. 2003)

