CITY OF SOMERVILLE

	SSACHUSETTS	
	OF THE CITY CLERE	· ?
RENEWAL APPLICAT		
MONRO MUFFLER BRAKE		LIC #: 2011-257
200 HOLLEDER PARKWAY	•	B.O.A.# 187508
ROCHESTER NY 14615		B. 0.111. 107000
*** ENCLOSED IS THE RI	ENTEWAT. CERTIFICAT	TE FOR VOIR ***
ALLOWED USES - (CHOOSE ALL THAT		IE TOR TOOK
Mochanical Popair: Y Auto Pod	. Work.	og or Storing Vehicles
Mechanical Repair: X Auto Body Washing Vehicles: Spray Pailssued in ACCORDANCE WITH THE APPLICATION OF THE A	nting: Operat	ing a Tow Vehicle:
TOUTED IN ACCORDANCE WITH THE ADDITIONAL	TABLE DECUTETONS	OF M C T. A CUD 148 God 13:
This Certificate must be signed and	filed with the	cognized for of \$500 00 not
later than April 30, 2011. Use the	chalaged onvolor	redutted tee of \$200.00 Hoc
Vindly fill in the information down	enciosed enverog	listed or our current
Kindly fill in the information corre	wour information	exact for gianature
records below. Please print or type	YOUR INTOLINACION	TPI. 617-625-7270
Company Name: MONRO MUFFLER BRANCOmpany Address: 00223 WASHINGTON S	NE, INC.	TED: 017-025-7270
Company Address: 00223 WASHINGTON :	o T	· · · · · · · · · · · · · · · · · · ·
City, COMPRINTING Ct.	sto. MA Zin. (12142
City: SOMERVILLE Sta	ite: MAZip: C	Gov't Partner
Individual Company V	mat. Acondr	
<pre>Individual: Co: Corp: X To Owner Name: MONRO MUFFLER BRAD</pre>	rust: Agency	TEL: 508-304-4691
Owner Address 200 HOLLEDED DARKE	\Z	1ED: <u>506-304-4691</u>
Owner Address: 200 HOLLEDER PARKWA	<u> </u>	<u> </u>
Owner City: ROCHESTER	Chaha. NV	7in. 14615
FID#: 160838627	State: NI	NTD: T4010
This renewal is being sent to you as		asse file on time If this
renewal is not returned to City Clear	ckic office by 0/	1/30/2011 pleage advice
reliewal is not recurried to city cies	ak s office by 0-	1/30/2011, piease advise.
**** HOURS OF OPERSTIONS ****	k	Very truly yours,
MONDAY-FRIDAY: 07:30 AM-07:00 I		very crary yours,
SATURDAY: 07:00 AM-04:00 I		
SUNDAY: CLOSED	. 1.1	
DONDAI. CHOSED		John J. Long
		City Clerk
OUR CURRENT IN	TEORMATION SHOWS	
GARAGE OPEN TO		LICENSE #: 2011-257
GARAGE OF EN 10 .	THE TODALC	FEE: \$500.00
This is to certify: MONRO MUFFLER H	3DVKE	100. 000.00
has been licensed by the Mayor and t		he City of Somerville
Since 04/22/2009	lie Aldelmen of t	the city of bomerville.
Garage situated at: 00223 WASHINGTO	N ST	
Doing business as : MONRO MUFFLER B		
Shall not exceed: 4 Vehicles Inside	& 12 Vehicles O	itside not om nukalic wavs
in addition the following restriction		rebide, not on passic ways
in addition the torrowing reperieties	one appry.	ĕ≺ Ţ
		APR 26
		20m 式
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		ြိတ်
		>
		<u> </u>
This renewal certificate must be significant	aned by the holde	er of the license s
Check One: Owner Occupant	Holder _	
$\frac{1}{\sqrt{2}}$		
X (Affering) 1/ (Amaci)	** 0	ffice Use Only **
Signature of Applicant		Mailed
	. l	Taken
Monro Mussier 200 Holledert	King il	
Address	Received:	26/11 - MS

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.

* Signature of Individual or Corporate Name (Mandatory)

** 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 Tro								
Exact name of taxpayer/applicant's business: Monro Muffler Brake Trace 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 Le 47 Lo 450 evening:								
I, (print name) Catherne , 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 day of								
April , 20 11. X Catherine D'April (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:								
Real Estate								
NOTES:								
CLERK'S INITIALS: ORIGINAL STAMP:								
<i>₩</i> -								



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 Mussi	ter Brake Inc	
address: 200 Holleder	PKeny	
city Rochestu state	zip: 14615 phone #	585647640
work site location (full address):	O	
I am a sole proprietor and have no one Busi working in any capacity.	siness Type: Retail Restaurant/Bar/Eating	Establishment
working in any capacity. If am an employer with 52-1 caployees (full &	Office Sales (including Real Estate, A part time). Other	utos etc.)
☐ I am an employer providing workers' compensa	ation for my employees working on this job.	
company name:		
address:		
city:	phone#:	
insurance co. TYQ YELLY TW	Suray & policy # TC2 OUP	(-1717/8FG-11
I am a sole proprietor and have hired the indepe		
compensation polices:		
company name:		
address:		
city:	phone #:	
Însurance co.	policv#	
сопряну нате:		
address:		
city 5 13 41	phone #:	
insurance co. Attach additional sheet if necessary	policy#	
Failure to secure coverage as required under Section 25A of lone years' imprisonment as well as civil penalties in the form	i of a STOP WORK ORDER and a fine of \$100,00 a day a	of a fine up to \$1,500.00 and/or gainst me. I understand that a
copy of this statement may be forwarded to the Office of Inve	•	
do hereby sertiffunder the pains and penalties of period signature	My that the information provided above is true and co	rrect.
Print name ather in D. Ami		LOYT LOYON
official use only do not write in this area to be comple		
_		Building Department Licensing Board
check if immediate response is required	[Building Department Licensing Board Selectmen's Office Health Department Other
contact person:	phone#;	Other



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/25/2011

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(les) 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).

	OUCER			CONTACT NAME: Louise Cook					
First Niagara Risk Management, Inc.		PHONE (A/C, No. Ext): (585) 546-3747 (A/C, No.): (585) 424-2798							
777 Canal View Boulevard Suite 100			E-MAIL ADDRESS: Louise.cook@fnrm.com						
	hester NY 14623			PRODUCER GUSTOMER ID #: 00004400					
							IDING COVERAGE		NAIC#
INSU	RED			INSURERA: Travelers Property Casualty Co. of Ameri				Ameri	
Monro Muffler Brake, Inc.			INSURER 8: Cincinnati Insurance Company				10677		
200	71-11-4 B1			INSURERC: Charter Oak Fire Insurance Co.					25615
200 Holleder Parkway		INSURER D:							
Roc	hester NY 14615-3808			INSURER E:					
				INSURER F:					
-			NUMBER:				REVISION NUMBER:		<u> </u>
CI EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY R ICCLUSIONS AND CONDITIONS OF SUCH	QUIREMEI PERTAIN, POLICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	of an Ed by	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	OT TO	WHICH THIS
NSR LTR		addl subr Insr. Wyd	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	GENERAL WABILITY						EACH OCCURRENCE	\$	1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	CLAIMS-MADE X OCCUR		TC2J-GLSA-177D8217	-11	4/1/2011	4/1/2012	MED EXP (Any one person)	S	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	į					PRODUCTS - COMPIOP AGG	s	1,000,000
	X POLICY JECT LOC							\$	
	AUTOMOBILE LIABILITY	j	TC2J-CAP-281D1136-	11	4/1/2011	4/1/2012	COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
	X ANY AUTO	1	Includes Garage Lia	abilit	y		BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS		Includes Motor Car	rier			BODILY INJURY (Per accident)		
	SCHEDULED AUTOS		MCS-90 Endorsement		\$750,000	Limit;	PROPERTY DAMAGE		
	HIRED AUTOS		Hired Comp & Colli	sion	\$30,000	ACV Basis.	(Per occident)	\$	
	NON-OWNED AUTOS							\$	
	X Garagekeepers Coverag		Comp & Collision -		\$1,000,000	ACV Basis.	<u> </u>	s	
	X UMBRELLA LIAB GCCUR						EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAS CLAIMS-MADE					İ	AGGREGATE	\$	5,000,000
	DEDUCTIBLE		CCC1154790		4/1/2011	4/1/2012		5	PS NOTE OF THE BOOK OF THE PARTY OF THE PART
	X RETENTION \$ 10,000							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		TC20UB-177D8150-11		4/1/2011	4/1/2012	X TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	5	1,000,000
(Mandatory in NH)			(ND, WA, WY-ONLY STOP G		GAP	4	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DESCRIPTION OF OPERATIONS below		EMPLOYER'S LIABILI	TY)			E.L. DISEASE - POLICY LIMIT	\$	1,000,000
						eft skieterine			<u> </u>
							<u> </u>		
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	-				. ,			
	of of coverage. Certificate Hold: agreement.	ers are s	amed as Additional Ins	ureds	under the Q	eneral Liab	pility when required by	ywritt	en contract
	-3								-
CEF	TIFICATE HOLDER			CAN	CELLATION				
	Monro Muffler Proke Tre								
Monro Muffler Brake, Inc. 200 Holleder Parkway				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE FOLICY PROVISIONS.					
-									
Rochester, NY 14615									
AUTHORIZED REPRESENTATIVE									
					Joseph Teresi/LCOOK				
				1					
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