

**CITY OF SOMERVILLE  
 MASSACHUSETTS  
 OFFICE OF THE CITY CLERK  
 RENEWAL APPLICATION FOR GARAGE LICENSE**

GARY TROMBLEY  
 36 IVAN STREET  
 LEXINGTON

MA 02420

LIC #: 2012-236  
 B.O.A.# 180088

\*\*\* 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 \$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: ARCO TIRE & SERVICE TEL: 617-623-9400  
 Company Address: 00016 CLARENDON AV

City: SOMERVILLE State: MA Zip: 02144

Check One: Individual: X Co:      Corp:      Trust:      Agency      Ship      Other       
 Owner Name: GARY TROMBLEY TEL: 781-652-0186  
 Owner Address: 36 IVAN STREET

Owner City: LEXINGTON State: MA Zip: 02420  
 FID#: 043341500

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 #: 2012-236  
 FEE: \$550.00

This is to certify: GARY TROMBLEY  
 has been licensed by the Mayor and the Aldermen of the City of Somerville.  
 Since 12/08/2005

Garage situated at: 00016 CLARENDON AV  
 Doing business as : ARCO TIRE & SERVICE

Shall not exceed: 2 Vehicles Inside & 2 Vehicles Outside, not on public ways  
 in addition the following restrictions apply:

APPROVED WITH CONDITIONS: NO SPRAY PAINTING. 4 CARS MAX.

CITY CLERK'S OFFICE  
 2012 APR - 11 PM 2:03

This renewal certificate must be signed by the holder of the license.

Check One: Owner ~~Occupant~~ ~~Holder~~

[Signature]  
 Signature of Applicant  
16 CLARENDON AV  
 Address  
SOM MA 02144  
 City State Zip

\*\* Office Use Only \*\*

Mailed   
 Taken

Received: 4/4/12 -MS  
\$550.00 ck# 13596  
 City Clerk

**IMPORTANT**

#486

REF 598

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: ARCO TIRE & SERVICE  
 Somerville Address and Zip Code: 18 CLARENDOCK AVE  
 Phone Number of the Business: 617 623 9406

The Legal Name of the License Holder: GARY TROMBLY  
 Street Address of the License Holder: 18 CLARENDOCK AVE  
 City, State and Zip Code of the License Holder: SOM MA 02144  
 Phone Number of the License Holder: 617 623 9406  
 Email Address of the License Holder: ARCO TIRE SERVICE @ RUL.COM

Where We Should Send Mail: Name: ARCO TIRE  
 Street Address: 18 CLARENDOCK AVE  
 City, State and Zip Code: SOM MA 02144  
 Email: 11  
 Phone Number: 11

Federal ID # (Do Not Give a Social Security #): 043 341 500

Emergency Contact and Phone (For Fire Dept. Use): 617 623 9406

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 President: \_\_\_\_\_  
 Name of Secretary: \_\_\_\_\_  
 Name of Treasurer: \_\_\_\_\_  
 Other (Attach a Description of the Form of Ownership and the Names of Owners)

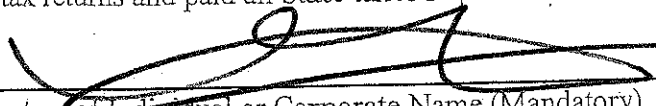
**ACKNOWLEDGEMENT:** I hereby certify under the penalties of perjury that the following is true:  
 -All information shown above is true and accurate.  
 -Any changes above are subject to the approval of the Somerville Board of Aldermen.  
 -I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: [Signature] Date 3/31/12

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)

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

043 341 506  
\_\_\_\_\_  
\*\* 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: AIRCO TIRE & SERVICE

Address of taxpayer/applicant's business in Somerville: 18 CLARENDON AVE

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

Taxpayer/applicant's phone: day: 0176239406 evening: 11

I, (print name) GARY TROMBLAY, 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 12. [Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

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

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

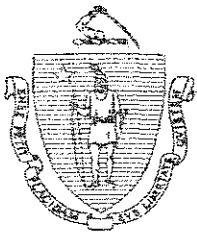
Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_  
# 3462      # 335061001      # 349      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED  
Banas  
4-4-12



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: GARY TROWBELY  
 address: 15 CLARENDON AVE  
 city: SOMERSET state: MA zip: 02144 phone #: 617 623 9400

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 \_\_\_\_\_ 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. \_\_\_\_\_ 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: \_\_\_\_\_  
 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 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: \_\_\_\_\_ Date: 4/15/12  
 Print name: GARY TROWBELY Phone #: 617 623 9400

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)