

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

PMD GROUP LLC  
P.O. BOX 207 2 ALPINE STREET  
SOMERVILLE MA 02143

LIC #: 2010-012  
B.O.A.# 178569

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ☐ 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, 2010. 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: PMD GROUP LLC TEL: 617-625-8255  
Company Address: 00379 -00385 BROADWAY

City: SOMERVILLE State: MA Zip: 02145

Check One: Individual: ☐ Co: ☐ Corp: ☐ Trust: ☒ Agency ☐ Ship ☐ Gov't Partner  
Owner Name: PMD GROUP LLC TEL: 617-625-8255  
Owner Address: P.O. BOX 207 2 ALPINE STREET

Owner City: SOMERVILLE State: MA Zip: 02143  
FID#: 030243457

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 04/30/2010, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*

MONDAY-FRIDAY: 07:00 AM-06:00 PM

SATURDAY: 07:00 AM-06:00 PM

SUNDAY: CLOSED

Very truly yours,

John J. Long  
City Clerk

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

LICENSE #: 2010-012  
FEE: \$500.00

This is to certify: PMD GROUP LLC  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 11/12/1931

Garage situated at: 00379 -00385 BROADWAY

Doing business as : PMD GROUP LLC

Shall not exceed: 150 Vehicles Inside

in addition the following restrictions apply:

4/28/2005 DuPuis Realty Trust name changed to PMD GROUP LLC

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

Check One: Owner ☒ Occupant ☐ Holder ☐

Peter [Signature]  
Signature of Applicant

P.O. BOX 207 - 2 ALPINE STREET

Address

SOMERVILLE, MA 02143

City State Zip

\*\* Office Use Only \*\*

Mailed ☐

Taken ☒

Received: 4/6/10 - MS

\$500.00 ck # 3915

City Clerk

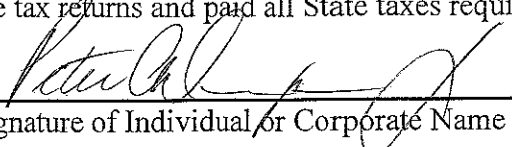
CITY CLERK'S OFFICE  
SOMERVILLE, MA

2010 APR -6 A 9:17

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.

 PMD GROUP LLC

\* Signature of Individual or Corporate Name (Mandatory)

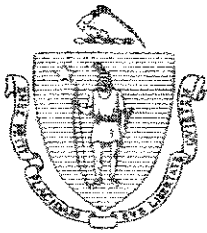
By: Corporate Officer (Mandatory, if a corporation)

20-1553437

\*\* 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.



**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: PMD GROUP LLC

address: P.O. BOX 207 - 2 ALPIN STREET

city: SOMERVILLE, MA state: \_\_\_\_\_ zip: 02143 phone #: 617-625-5600

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: AIM MUTUAL INSURANCE CO.

address: 54 THIRD AVENUE P.O. BOX 4070

city: BURLINGTON, MA 01803 phone #: \_\_\_\_\_

insurance co. AIM MUTUAL INSURANCE policy # VWC6010287012010

☐ 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: Peter A. Dupuis Jr. Date: 04-05-10

Print name: PETER A. DUPUIS JR. Phone #: 617-625-5600

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

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_

☐ check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_

(revised Sept. 2003)

- ☐ Building Department
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Health Department
- ☐ Other \_\_\_\_\_



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

1. Exact name of taxpayer/applicant's business: PMD GROUP LLC
2. Address of taxpayer/applicant's business in Somerville: 379-385 BROADWAY, SOMERVILLE, MA
3. Address of taxpayer/applicant's home in Somerville: 2 ALPINE STREET, SOMERVILLE, MA 02144
4. Taxpayer/applicant's phone: day: 617-625-5600 evening: \_\_\_\_\_

I, PETER A. DUPUIS JR., 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 5TH day of  
APRIL, 2011. Peter A. Dupuis Jr.  
(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: \_\_\_\_\_

# 20102140 # 661035001 # \_\_\_\_\_ # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: CE

ORIGINAL STAMP:

**received**  
4-6-10