



**CITY OF SOMERVILLE  
BOARD OF ALDERMEN**  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600

2014 APR 17 A 8:42

**APPLICATION TO RENEW OUTDOOR PARKING LICENSE**

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**PETER A. DUPUIS**  
P.O. BOX 207  
SOMERVILLE, MA 02143

License #: 932

Fee: 40-00 ~~60.00~~

Account ID: 469

Reference #: 932

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: <b>FAULKNER BROS. INC.</b> Business Location: <b>13 ALPINE ST</b> Business Phone: <b>617-625-8255</b>	
License Holder: <b>FAULKNER BROS.INC.</b> <b>2 ALPINE ST</b> <b>SOMERVILLE, MA 02143</b> <b>617-625-8255</b>	
Mailing Address: <b>PETER A. DUPUIS</b> <b>P.O. BOX 207</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - MICHAEL DUPUIS</b> <b>SECRETARY - MICHAEL DUPUIS</b> <b>TREASURER - PETER DUPUIS</b>	
FID: <b>042305114</b>	
Food Manager/Emergency Contact: <b>PETER DUPUIS</b> <b>617-625-8255</b>	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **NOT APPLICABLE**

3 SPACES

— 2 Spaces \$40.00

Description of Location and/or Other Conditions:

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: *Peter A. Dupuis Jr.* Date: 2/27/14  
Print Name: Peter A. Dupuis Jr. Phone: 617-625-8255

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

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: Faulkner Brothers Inc  
Address: 2 Alpine St.  
City: Somerville State: MA Zip: 02134 Phone #: 617-625-8255  
 I am an employer with 13 employees (full and/or part time). Business Type:  Retail  
 I am a sole proprietor or partnership and have no employees.  Restaurant/Bar/Eating Establishment  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  Office and/or Sales (real estate, auto, etc.)  
 We are a nonprofit organization staffed by volunteers and have no employees.  Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other \_\_\_\_\_

Workers' compensation insurance information (if applicable):

Insurance Company Name: Federated Mutual Insurance  
Address: 1929 South Cedar Avenue  
City: Owatonna State: MN Zip: 55060 Phone #: 888-333-4949  
Policy #: 9915645 Expiration Date: 11/17/14

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: Peter A. Dupuis Jr. Date: 2/27/14

Print Name: Peter A. Dupuis Jr.

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 \_\_\_\_\_



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Faulkner Brothers Inc

Address of taxpayer/applicant's business in Somerville: 2 Alpine St.

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

Taxpayer/applicant's phone: day: 617-625-8255 evening: 617-625-8255

I, (print name) Peter A Dupuis J., 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 27th day of February, 2014. Peter A Dupuis J.  
(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: \_\_\_\_\_

# 358      # 226023001 # 15      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED  
UBanus  
4-14-14