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

FRASER M. WALSH
20 ASSEMBLY SQUARE DRIVE
SOMERVILLE MA 02145

LIC #: 2012-073
B.O.A.#

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)
Mechanical Repair: ___ Auto Body Work: ___ Parking or Storing Vehicles: X
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: TRACER TECHNOLOGIES, INC. TEL: 617-776-6410
Company Address: 00015 NORTH UNION ST
City: SOMERVILLE State: MA Zip: 02145

Check One:
Individual: ___ Co: X Corp: ___ Trust: ___ Agency ___ Gov't Ship ___ Partner ___ Other ___

Owner Name: FRASER M. WALSH TEL: 617-776-6410
Owner Address: 20 ASSEMBLY SQUARE DRIVE
Owner City: SOMERVILLE State: MA Zip: 02145
FID#: 042470959

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 #: 2012-073
FEE: $550.00

This is to certify: FRASER M. WALSH
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 06/01/1950
Garage situated at: 00015 NORTH UNION ST
Doing business as : TRACER TECHNOLOGIES, INC.
Shall not exceed: 40 Vehicles Outside, not on public ways
in addition the following restrictions apply:
NO VEHICLES ON PREMISES-NO LONGER USED AS A GARAGE-
OUTDOOR PARKING ON SITE.

CITY CLERK'S OFFICE SOMERVILLE, MA 2012 APR -2 P 2:01

This renewal certificate must be signed by the holder of the license.
Check One: Owner ✓ Occupant _____ Holder _____

Fraser Walsh
Signature of Applicant

20 Assembly Square drive
Address

Somerville, MA 02145
City State Zip

** Office Use Only **
Mailed _____
Taken ✓

Received: 4/2/12 MS
$550.00 ck # 9967
City Clerk

IMPORTANT

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: Tracer Technologies Inc
Somerville Address and Zip Code: 20 Assembly Sq. Drive
Phone Number of the Business: 617-776-6410

The Legal Name of the License Holder: Fraser Walsh
Street Address of the License Holder: 20 Assembly Square Drive
City, State and Zip Code of the License Holder:
Phone Number of the License Holder: 617 776-6410
Email Address of the License Holder: fwalsh@tracer-eco.com

Where We Should Send Mail: Name: Tracer Technologies Inc
Street Address: 20 Assembly Sq. Drive
City, State and Zip Code: Somerville, ma 02145
Email: rdoyle@tracer-eco.com
Phone Number: 617-776 6410

Federal ID # (Do Not Give a Social Security #): 04-2470959

Emergency Contact and Phone (For Fire Dept. Use): Fraser Walsh 617 776-6410

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: Fraser Walsh
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: X [signature] **Date** 3/22/12

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)

04-2470959

** 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: ECO, LLC

Address of taxpayer/applicant's business in Somerville: 2b Assembly Sq. Dr

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

Taxpayer/applicant's phone: day: (617) 776-6410 evening: _____

I, (print name) Fraser Wright, 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 22 day of March, 20 12.

101-B.00022-000000 _____ (Taxpayer's signature)

101-A.00004-000000

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:
23702095 ✓	12403400 ✓		
#02085037	# 102 05000 ✓	#	#
	102049011 ✓		

NOTES:

CLERK'S INITIALS: RB **ORIGINAL STAMP:** RECEIVED 3/28/12

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: Tracer Technologies Inc

address: 20 Assembly Square drive

city Somerville state: MA zip: 02145 phone # (617) 776-6410

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.) ☐ Other manufacturing

☒ I am an employer with _____ employees (full & part time).

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

company name: Am Guard Insurance Company

address: Po Box A-H

city: Wilkes-Barre, PA 18703 **phone #:** 508-929-4700

insurance co. Am Guard Insurance **policy #** TRWC226764

☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation polices:

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 Fraser Walsh Date 08-22-2012

Print name Fraser WALSH Phone # 617-776-6410

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)