CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

FRASER M. WALSH 20 ASSEMBLY SQUARE DRIVE	LIC #: 2012-073 B.O.A.#
SOMERVILLE MA 02145 *** ENCLOSED IS THE RENEWAY ALLOWED USES - (CHOOSE ALL THAT APPI Mechanical Repair: Auto Body Work Washing Vehicles: Spray Painting ISSUED IN ACCORDANCE WITH THE APPLICABLE This Certificate must be signed and filed later than April 30, 2012. Use the enclo	Y) :
records below. Please print or type your Company Name: <u>TRACER TECHNOLOGIES, INC</u> Company Address: <u>00015 NORTH UNION ST</u>	information, except for signature.
City: SOMERVILLE State: Macheck One: Individual: Co: X Corp: Trust: Owner Name: FRASER M. WALSH Owner Address: 20 ASSEMBLY SQUARE DRIVE	Gov't Partner Agency Ship Other
	State: MA Zip: 02145
This renewal is being sent to you as a corenewal is not returned to City Clerk's o	ourtesy, please file on time. If this 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 INFORMA GARAGE OPEN TO THE PI	ATION SHOWS
This is to certify: FRASER M. WALSH has been licensed by the Mayor and the A. Since 06/01/1950 Garage situated at: 00015 NORTH UNION S.	
Doing business as : TRACER TECHNOLOGIES, Shall not exceed: 40 Vehicles Outside, no in addition the following restrictions ap NO VEHICLES ON PREMISES-NO LONGER USI OUTDOOR PARKING ON SITE.	ot on public ways
mbis second association what he signed h	
This renewal certificate must be signed! Check One: Owner Occupant	Holder
Signature of Applicant	** Office Use Only ** Mailed Taken
20 Assembly Square depuie Re	ceived: 4/2/12 MS
Somerville, MA 02145 City State Zip	#550 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 <u>fill out the six boxes below</u> with the correct information, so we can update our records, and <u>return all of pages with your fee</u> to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: TRACET TEChnologies Inc		
Somerville Address and Zip Code: 20 ASSembly Sq. Daire		
Phone Number of the Business: 617 - 776-6410		
The Legal Name of the License Holder: Fraser WAISH		
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: Fuelsh @ Tracer-eco.com		
Where We Should Send Mail: Name: TRACER TECHNOSOLO INC		
Street Address: 20 ASSEM bly Sq. Druse		
City, State and Zip Code: Somervitte, ma 02145		
Email: rdoyle @ tracer-eco-com		
Phone Number: 617 - 776 6410		
Federal ID # (Do Not Give a Social Security #): 04-247-0959		
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 WAISH		
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 accurateAny 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.

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)	Smith	
By: Corporate Officer (Mandatory, if a corporation)		

** 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

Evanta OF GOOD STANDING
Exact name of taxpayer/applicant's business: ECO, UC
Address of taxpayer/applicant's business in Somerville.
of taxpayer/applicant's home in Somerville.
raspayer/applicant's phone: day: (61)
I, (print name) FYO SPO WASH the undersigned Taxpayer, do hereby have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is
SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 22 day of
2/1 1")
(VI 5.00022 - 00 0000
DATE OF THE PROPERTY OF THE PR
DATE OF ISSUANCE: INCLUDES RELEVANT POSTINGS THROUGH:
TAXES AND ACCOUNT
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:
02 08 5037/ Water/Sewer Personal Property Other
NOTES: # 102 050001 # #
CLERK'S INITIALS: ORIGINAL STAMP:



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 S
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 Conflict Sales (including Real Estate, Autos etc.) Tam an employer with employees (full & part time).
an an employer providing workers' compensation for my employees working on this job.
company name: am Guard Insurance Conyany
address: Po Bex H-H
city: Wilker Barre, PA 18708 phone#: 508-929-4700
insurance co. am Guard Insurance policy # TRWC 226764
I am a sole proprietor and have hired the independent contractors listed below who have the following workers'
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 Date 03-22-2012
Signature 7777 TO 1 1110
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
☐ check if immediate response is required ☐ Selectmen's Office ☐ Health Department
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 check if immediate response is required Selectmen's Office Health Department contact person: phone #; Other