

CITY OF SOMERVILLE

Commonwealth of Massachusetts 93 Highland Avenue Somerville, MA 02143 (617) 625-6600

2016 APR 15 A 11:57

Application to Renew Garage License / LLE. MA

Sullivan Tire Company, Inc. 41 Accord Park Drive Norwell MA 02061 License #:

BL15-001187

File #:

15-017754

Fee:

605

Review and update the information below. <u>If you have workers compensation insurance</u>, <u>attach proof showing the insurer and policy number</u>. 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: Sullivan Tire Business Location: 263 BEACON ST Business Phone: 781-982-1550	
License Holder: Sullivan Tire Company, Inc. 41 Accord Park Drive Norwell MA 02061	
Mailing Address: Sullivan Tire Company, Inc. 41 Accord Park Drive Norwell MA 02061	
Business Type: Corporation Robert Sullivan Paul Sullivan Lynn Sawiski	
FID: 042472932	
Emergency Contact: Roy Donlon Phone: 781-982-1550 x247	
Proposed Hours of Operation if outside standared hours: Mon-Fri 7AM-7PM, Sat 7AM-5:30PM, Sun Closed # of Vehicles Kept Inside: 6 # of Vehicles Kept Outside: 4 Open to the public? Yes Mechanical repairs? Yes Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? No Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	

I hereby certify under the penalties of perjury that the following is true: -All information shown above is true and accurate.



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

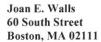
Exact name of taxpayer/applicant's business: Sollivan lire Co., Inc.				
Address of taxpayer/application	ant's business in Somer	ville: 263 Beacon S	treet	
Address of taxpayer/application	ant's home in Somervil	le: <u>N</u> (a		
Taxpayer/applicant's phone	e: day: <u>781-982-155</u>	evening: Na		
nereby certify that air the i	d or that the Taxpayer	, the undersigned nerein is true and correct and has entered into an agreement	all taxes and lees	
SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 10 ^{+h} day of				
		(Taxpayer's signatu		
CITY'S ACKNOWLEDGEMENT				
DATE OF ISSUANCE: _	INCLUD	ES RELEVANT POSTINGS THROUGH	i:	
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:				
☐ Real Estate	□ Water/Sewer	☐ Personal Property	☐ Other:	
# (157)	#243019001	" " 73	#	
NOTES:		()	Baron)	
CLERK'S INITIALS: _		ORIGINAL STAMP:	41576	

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: Sullivan Tire Co. Inc
Address: All Accord Park DRIVE
City: Vorwell State: HA Zip: 0206 Phone #: 781-982-1550
 ✓ I am an employer with 200 employees (full and/or part time). ✓ I am a sole proprietor or partnership and have no employees. ✓ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ✓ We are a nonprofit organization staffed by volunteers and have no employees. ✓ Retail ✓ Restaurant/Bar/Eating Establishment ✓ Office and/or Sales (real estate, auto, etc.) ✓ Nonprofit ✓ Entertainment ✓ Manufacturing ✓ Health Care ✓ Other
Workers' compensation insurance information (if applicable):
Insurance Company Name: Travelers
Address: 60 South St
City: Boston State: MA Zip:0311 Phone #:
Policy #: See attoched Expiration Date: 1.1.2017
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 uto \$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:
Print Name: Mary Beth Murphy
Official use only. Do not write in this area. To be completed by city or town official.
City or Town: Permit/License #: Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office Contact Person: Phone #: Other
There is a second secon

(revised Jan. 2008)





Insurance Binder/Cover Note

Insured:

Sullivan Tire Company, Inc.

41 Accord Park Drive Norwell, MA 02061

Producer:

Safehold Special Risk, Inc.

230 Commerce Way, Suite 230

Portsmouth NH 03801

Effective December 31, 2015, the lines of insurance specified below are bound for the coverage period of January 1, 2016 to January 1, 2017 as set forth in the attached Insurance Proposal dated December 31, 2015:

Workers' Compensation & Employers Liability

The insurance is subject to the terms, conditions and limitations of the policy in current use by Travelers.

It is agreed that the insurance policy and the Agreement Letter subsequently issued shall conform with the attached Insurance Proposal.

The policy and the Agreement Letter when issued will, without notice, replace and supercede this and all other correspondence which documents the insurance coverage referenced herein.

Travelers

Account Executive Officer: Joan E. Walls

Dated: December 31, 2015