



**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**

CITY CLERK'S OFFICE  
SOMERVILLE, 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. 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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES: (Note below or explain on a separate sheet)</b>
<b>Business/DBA Name:</b> Sullivan Tire <b>Business Location:</b> 263 BEACON ST <b>Business Phone:</b> 781-982-1550	
<b>License Holder:</b> Sullivan Tire Company, Inc. 41 Accord Park Drive Norwell MA 02061	
<b>Mailing Address:</b> Sullivan Tire Company, Inc. 41 Accord Park Drive Norwell MA 02061	
<b>Business Type:</b> Corporation Robert Sullivan Paul Sullivan Lynn Sawiski	
<b>FID:</b> 042472932	
<b>Emergency Contact:</b> Roy Donlon <b>Phone:</b> 781-982-1550 x247	
<b>Proposed Hours of Operation if outside standard hours:</b> Mon-Fri 7AM-7PM, Sat 7AM-5:30PM, Sun Closed <b># of Vehicles Kept Inside:</b> 6 <b># of Vehicles Kept Outside:</b> 4 <b>Open to the public?</b> Yes <b>Mechanical repairs?</b> Yes <b>Autobody work?</b> No <b>Spray Painting?</b> No <b>Washing vehicles?</b> No <b>Charging money to store vehicles?</b> No <b>Storing unregistered vehicles?</b> No <b>Maintaining or operating a tow vehicle at this location?</b> 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: Sullivan Tire Co., Inc

Address of taxpayer/applicant's business in Somerville: 263 Beacon Street

Address of taxpayer/applicant's home in Somerville: n/a

Taxpayer/applicant's phone: day: 781-982-1550 evening: n/a

I, (print name) Lynn A. Sawicki, 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 10<sup>th</sup> day of March, 2016. [Signature], Secretary  
(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: \_\_\_\_\_

# 1152 # 243019001 # 73 # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: [Stamp: Received, 4-15-16]

**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: 41 Accord Park Drive  
City: Norwell State: MA Zip: 02061 Phone #: 781-982-1550  
☒ I am an employer with 1200 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.  
Business Type: ☒ 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: 02111 Phone #: \_\_\_\_\_  
Policy #: see attached 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 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: MB Murphy 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 #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

- ☐ Board of Health
- ☐ Building Department
- ☐ City/Town Clerk
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Other \_\_\_\_\_



Joan E. Walls  
60 South Street  
Boston, MA 02111

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