

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

& RUBBER CO. #0354
 STREET, DEPT. 704
 OH 44316

LIC #: 2011-222
 B.O.A.# 168009

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

PERMITTED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: Auto Body Work: Parking or Storing Vehicles:
 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 \$500.00 not
 later than April 30, 2011. 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: GOODYEAR AUTO SERVICE CTR. #0354 TEL: 617-628-7800
 Company Address: 00001 BOW ST

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: GOODYEAR TIRE & RUBBER CO. #0354 TEL: 1-330-796-3709

Owner Address: 1144 E. MARKET STREET, DEPT. 704

Owner City: AKRON State: OH Zip: 44316

FID#: 340253240

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 04/30/2011, please advise.

***** HOURS OF OPERATIONS *****
 MONDAY-FRIDAY: 07:00 AM-07:00 PM
 SATURDAY: 07:00 AM-07:00 PM
 SUNDAY: CLOSED

Very true to you,

John J. Long
 City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
 -- GARAGE OPEN TO THE PUBLIC --

LICENSE # 2011-222
 FEE: \$500.00

This is to certify: GOODYEAR TIRE & RUBBER CO. #0354
 has been licensed by the Mayor and the Aldermen of the City of Somerville.
 Since 12/14/2000

Garage situated at: 00001 BOW ST
 Doing business as : GOODYEAR AUTO SERVICE CTR. #0354
 Shall not exceed: 6 Vehicles Inside

in addition the following restrictions apply:
 AMENDED: 06/12/2007 BOA #A83644 FOR EXTENDED HOURS.
 TO BE OPENED ON SUNDAY WAS DENIED ON BOA #187327 AT THE MAY 28, 2009
 MEETING.

CITY CLERK'S OFFICE
 SOMERVILLE, MA
 2011 MAY - 5 P 1:07

This renewal certificate must be signed by the holder of the license.

Check One: Owner Occupant Holder

Signature of Applicant

Address

City State Zip

** Office Use Only **

Mailed _____
 Taken _____

Received: May 17, 2011 \$500.00

City Clerk

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.

THE Goodyear Tire & Rubber Co., Inc
* Signature of Individual or Corporate Name (Mandatory)

* BB [Signature]
By: Corporate Officer (Mandatory, if a corporation)

34-0253240
** 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: THE Goodyear TIRE & Rubber Co, INC

Address of taxpayer/applicant's business in Somerville: 1 Bow Street Somerville, MA 02143

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

Taxpayer/applicant's phone: day: 617-629-7100 evening: _____

I, (print name) THE Goodyear TIRE & Rubber Co, INC, 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 15 day of

April, 20 11. B. Stoullery
(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: _____

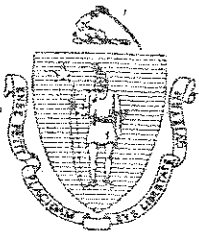
04188097 # 123057001 # 30000338 # _____

NOTES:

CLERK'S INITIALS: X

ORIGINAL STAMP:

RECEIVED
5-17-11



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: THE Goodyear Tire & Rubber Co, Inc
 address: 1144 East Market St
 city: Akron state: Ohio zip: 44316 phone # 330-796-2121

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.)
 I am an employer with _____ employees (full & part time). Other _____
 I am an employer providing workers' compensation for my employees working on this job.

company name: THE Goodyear Tire & Rubber Co, Inc
 address: 1144 East Market St
 city: Akron, OH 44316 phone #: 330-796-2121
 insurance co. Liberty Mutual Insurance Co policy # WA7-C80-004151-051

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

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.

x Signature BB Strawberg Date 4-15-11
 x Print name BRENT STRAWBERG Phone # 330-796-2121

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)

INSURANCE VERIFICATION

- Property
- Auto Liability
- General/Product Liability
- Workers's Comp
- Terms and Conditions

Worker's Compensation Insurance

Viewing of this screen presumes that you have read and understand the Terms &

Insurer	Company A: Liberty Mutual Insurance Company
Insured	Goodyear and its subsidiary companies including The Kelly Tire Company, Goodyear Dunlop Tires North America, LTD Wingfoot Commercial Tire Systems, LLC
Limits	W/C Statutory
Policy Period	1/1/2011 - 1/1/2012

Policy Number(s)	Policy Territory
WA7-C8D-004151-051	All Other States
WC7-C81-004151-061	OR, WI
WA7-C8D-004151-101	MN



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