



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW GARAGE LICENSE

**TROMBLEY GARY W
ARCO TIRE & SERVICE
18 CLARENDON AVE
SOMERVILLE, MA 02144**

License #: 598
City-#G236
Fee: 550.00
Account ID: 486
Reference #: 598

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.

| INFORMATION ON FILE: | CHANGES: (Note below or explain on a separate sheet) |
|--|--|
| Business/DBA Name: ARCO TIRE & SERVICE Business Location: 16 CLARENDON AVE Business Phone: 617-623-9400 | |
| License Holder: TROMBLEY GARY W ARCO TIRE & SERVICE 18 CLARENDON AVE SOMERVILLE, MA 02144 617-623-9400 | |
| Mailing Address: TROMBLEY GARY W ARCO TIRE & SERVICE 18 CLARENDON AVE SOMERVILLE, MA 02144 | |
| Business Type: SOLE PROPRIETORSHIP OWNER - GARY TROMBLEY | |
| FID: 043341500 | |
| Food Manager/Emergency Contact: GARY TROMBLEY 617-623-9400 | |

2014 MAR - 5 A 9:27
CITY CLERK'S OFFICE
SOMERVILLE, MA

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

OPEN TO THE PUBLIC

- 1 MECHANICAL REPAIRS
- 2 VEHICLES INSIDE
- 2 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

Originally Issued 12/8/2005, No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

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 BOARD OF ALDERMEN.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: Date: 2/27/14
Print Name: Gary Trombley Phone: 617 623 9400



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: ALCO TREE & SERVICE

Address of taxpayer/applicant's business in Somerville: 15 CLARENDON AVE

Address of taxpayer/applicant's home in Somerville: 1245 BROADWAY

Taxpayer/applicant's phone: day: 617 6239400 evening: 11

I, (print name) GAIL TROMBLAY, 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 26 day of FEB, 20 14. [Signature]
(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: _____

3515 # 335061001 # 319 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:  **RECEIVED**
3/5/14

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: ARCO TIRE & SERVICE

Address: 18 CLAZEBRON AVE

City: SALFORD MA State: MA Zip: 01461 Phone #: (417) 623-5400

- I am an employer with _____ 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 Auto Care

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: _____ Expiration Date: _____

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: [Signature] Date: 2/27/14

Print Name: GARY STANLEY

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
 Other _____

Contact Person: _____ Phone #: _____