



## CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

### Application to Renew Garage License

**GOODYEAR TIRE & RUBBER CO., INC.**

**D/704, ATTN: LARRY ROBERT**

**200 INNOVATION WAY**

**AKRON OH 44316**

2016 MAR 14 P 3:37

CITY CLERK'S OFFICE  
SOMERVILLE, MA

License #: BL15-000590

File #: 15-478

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.

| INFORMATION ON FILE:   | CHANGES: (Note below or explain on a separate sheet) |
|--|--|
| <b>Business/DBA Name:</b> GOODYEAR AUTO SERVICE CENTER<br><b>Business Location:</b> 1 BOW ST<br><b>Business Phone:</b> 617-628-7800  | DBA: Goodyear Auto Service.                          |
| <b>License Holder:</b> GOODYEAR TIRE & RUBBER CO., INC.<br>D/704, ATTN: LARRY ROBERT<br>200 INNOVATION WAY<br>AKRON OH 44316   | Attn: A.J. Ritter                                    |
| <b>Mailing Address:</b> GOODYEAR TIRE & RUBBER CO., INC.<br>D/704, ATTN: LARRY ROBERT<br>200 INNOVATION WAY<br>AKRON OH 44316  | Attn: A.J. Ritter                                    |
| <b>Business Type:</b> Corporation<br>RICHARD KRAMER<br>SCOTT HONNOLD<br>DAVID BIALOSKY   |  |
| <b>FID:</b> 340253240  |  |
| <b>Emergency Contact:</b> TYRONE LEE<br><b>Phone:</b> 774-306-2324   |  |
| <b>Proposed Hours of Operation if outside standard hours:</b> MO-SA 7AM-7PM, SU 11AM-5PM<br><b># of Vehicles Kept Inside:</b> 6<br><b># of Vehicles Kept Outside:</b> 0<br><b>Open to the public?</b> Yes<br><b>Mechanical repairs?</b> Yes<br><b>Autobody work?</b> No<br><b>Spray Painting?</b> No<br><b>Washing vehicles?</b> No<br><b>Charging money to store vehicles?</b> No<br><b>Storing unregistered vehicles?</b> No<br><b>Maintaining or operating a tow vehicle at this location?</b> No |  |



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Goodyear Auto Service

Address of taxpayer/applicant's business in Somerville: 1 Bow St.

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

Taxpayer/applicant's phone: day: 617-628-7800 evening: 617-628-7800

I, (print name) A.J. Rithe, 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 8<sup>th</sup> day of March, 20 16. [Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

**DATE OF ISSUANCE:** \_\_\_\_\_ **INCLUDES RELEVANT POSTINGS THROUGH:** \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

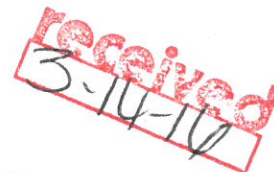
☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: \_\_\_\_\_

# 1811 # 123057001 # 91 # ✓

**NOTES:**

**CLERK'S INITIALS:** [Signature]

**ORIGINAL STAMP:**



**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: Goodyear Auto Service  
Address: 1 Bow St.  
City: Somerville State: MA Zip: 02143 Phone #: 617-628-7800

- ☒ I am an employer with 9 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 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: Liberty Mutual Insurance Company  
Address: 175 Berkeley St.  
City: Boston State: MA Zip: 02116 Phone #: 888-398-8924  
Policy #: WA7-680-004151-056 Expiration Date: 1-1-17

**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: A.J. Ritter Date: 3-4-16  
Print Name: A.J. Ritter

*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