



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

**Application to Renew Outdoor Parking License**

**PAT'S TOWING INC**  
**160 MCGRATH HWY**  
**SOMERVILLE MA 02143**

**License #:** BL15-000896  
**File #:** 15-36  
**Fee:** 6800

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> PAT'S TOWING INC <b>Business Location:</b> 160 MCGRATH HWY <b>Business Phone:</b> 617-776-5810	
<b>License Holder:</b> PAT'S TOWING INC 160 MCGRATH HWY SOMERVILLE MA 02143	
<b>Mailing Address:</b> PAT'S TOWING INC 160 MCGRATH HWY SOMERVILLE MA 02143	
<b>Business Type:</b> Corporation GERALD CORCORAN MICHAEL MAHAR MICHAEL MAHAR	
<b>FID:</b> 270726964	
<b>Emergency Contact:</b> JOHN SHAUGHNESSY <b>Phone:</b> 781-953-1301	Bob Duplin - new 617-592-6870 General Manager
<b># Vehicles to be Stored:</b> 340	

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: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**600 Washington Street**  
**Boston, Mass. 02111**

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:**

Name: Roberts J Duplin  
Address: 160 McGraw Hwy  
City: Somerville State: MA Zip: 02143 Phone #: 781-395-0802

- ☒ I am an employer with 50 employees (full and/or part time). Business Type: ☐ Retail  
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment  
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)  
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit  
☐ Entertainment  
☐ Manufacturing  
☐ Health Care  
☒ Other Towing

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: CCMSI  
Address: 100 Gynne powitt Park way Suite 201  
City: Wakefield State: MA Zip: 01880 Phone #: \_\_\_\_\_  
Policy #: WLCR 47888905 Expiration Date: 5-1-16

**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: 3-23-15  
Print Name: Roberts J Duplin

**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 #: \_\_\_\_\_

<input type="checkbox"/> Board of Health
<input type="checkbox"/> Building Department
<input type="checkbox"/> City/Town Clerk
<input type="checkbox"/> Licensing Board
<input type="checkbox"/> Selectmen's Office
<input type="checkbox"/> Other _____



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: PAT'S Towing Inc

Address of taxpayer/applicant's business in Somerville: 160 McGrath Hwy  
Somerville MA 02143

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-<sup>592</sup>592-6870 evening: 617-592-6870

I, (print name) Robert J. Duplin, 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 6 day of May, 2015.  
[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: \_\_\_\_\_

# 9845 # 146042021 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



3-23-15

MASSACHUSETTS DEPT. OF REVENUE  
P.O. BOX 7066  
BOSTON, MA 02204



MARK E. NUNNELLY, COMMISSIONER  
MICHAEL J. LIVIDOTI, DEPUTY COMMISSIONER

PAT'S TOWING, INC.  
9550 BORMET DRIVE, STE 3  
MOKENA, IL 60431

T/P ID 270726964  
Date 4/25/2015  
Bureau CERTIFICATE

#### CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE

The Commissioner of Revenue certifies as of the above date, that the above named individual or entity is in compliance with its tax obligations payable under M.G.L. c. 62C, including corporation excise, sales and use taxes, sales tax on meals, withholding taxes, room occupancy excise and personal income taxes, with the following exceptions.

This Certificate certifies that individual taxpayers are in compliance with income tax obligations and any sales and use taxes, sales tax on meals, withholding taxes, and/or room occupancy taxes related to a sole proprietorship. Persons deemed responsible for the payment of these taxes on behalf of a corporation, partnership or other business entity may not use our automated process to obtain a Certificate.

This Certificate does not certify that the entity's standing as to taxes such as unemployment insurance administered by agencies other than the Department of Revenue, or taxes under any other provisions of law. Taxpayers required to collect or remit the following taxes must submit a separate request to certify compliance: Alcoholic Beverage Excise, Cigarette Excise, Sales Tax on Boats, International Fuels Tax Agreement, Smokeless Tobacco or Ferry Embarkation.

THIS IS NOT A WAIVER OF LIEN ISSUED UNDER GENERAL LAWS, CHAPTER 62C,  
SECTION 52.

Very truly yours

A handwritten signature in black ink, appearing to read "Michael J. Lividoti", is written over a horizontal line.

Michael J. Lividoti, Deputy Commissioner