

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

PETER A. DUPUIS, SR.
P.O. BOX 207, 2 ALPINE STREET
SOMERVILLE MA 02143

LIC #: 2011-003
B.O.A.#

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ___ Auto Body Work: ___ Parking or Storing Vehicles: X
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: FAULNKER BROS.INC. TEL: 617-625-8255
Company Address: 00013 ALPINE ST

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: PETER A. DUPUIS, SR. TEL: 617-625-8255
Owner Address: P.O. BOX 207, 2 ALPINE STREET

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 042305114

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 OPERSTIONS *****
MONDAY-FRIDAY: 07:00 AM-06:00 PM
SATURDAY: 07:00 AM-06:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

LICENSE #: 2011-003
FEE: \$500.00

This is to certify: PETER A. DUPUIS, SR.
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 06/25/1945
Garage situated at: 00013 ALPINE ST
Doing business as : FAULNKER BROS.INC.
Shall not exceed: 10 Vehicles Inside
in addition the following restrictions apply:
STORAGE ONLY

2011 APR - 1 A 8:59
CITY CLERK'S OFFICE
SOMERVILLE, MA

This renewal certificate must be signed by the holder of the license
Check One: Owner X Occupant ___ Holder ___

X Peter A. Dupuis, Sr.
Signature of Applicant
2 Alpine St. P.O. Box 207
Address
Somerville MA 02143
City State Zip

** Office Use Only **
Mailed ✓
Taken ✓
Received: 4-1-2011 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.

Faulkner Brothers Inc
* Signature of Individual or Corporate Name (Mandatory)

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

04-2305114
** 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

1. Exact name of taxpayer/applicant's business: Faulkner Brothers Inc.
2. Address of taxpayer/applicant's business in Somerville: 2 Alpine St.
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: 617-625-8255 evening: 617-625-8255

I, Peter A. Dupuis Jr., 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 28th day of March, 20 11. [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: _____

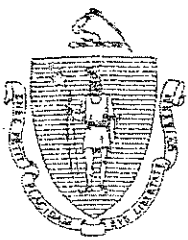
04219034 # 226023011 # 03160032 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

RECEIVED
Barrow
4-1-11



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: Faulkner Brothers Inc.
address: 2 Alpine St. P O B of 207
city: Somerville, state: MA zip: 02143 phone # 617-625-8255

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 14 employees (full & part time). ☒ Other Heating Oil Sales & Service
☒ I am an employer providing workers' compensation for my employees working on this job.

company name: Faulkner Brothers Inc.
address: 2 Alpine St.
city: Somerville phone #: 617-625-8255
insurance co: A.I.M. Mutual Insurance Co. policy #: 8006305012010

☐ 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.

Signature *Peter A. Dupuis Jr.* Date 3/28/11
Print name Peter A. Dupuis Jr. Phone # 617-625-8255

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ ☐ Building Department

☐ check if immediate response is required ☐ Licensing Board

contact person: _____ phone #: _____ ☐ Selectmen's Office

(revised Sept. 2003)

☐ Health Department

☐ Other _____