

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

NIPPON EXPRESS USA INC ATTN: JUN YAMAZAKI
30 INNER BELT RD
SOMERVILLE MA 02143

LIC #: 2011-253
B.O.A.# 184798

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

ALLOWED 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: NIPPON EXPRESS TEL: 617-591-8800
Company Address: 00030 INNER BELT RD (REAL)

City: SOMERVILLE State: MA Zip: 02143

Check One: Gov't Partner
Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Ship ___ Other ___
Owner Name: NIPPON EXPRESS USA INC ATTN: JUN YAMAZAKI TEL: 671-591-8800
Owner Address: 30 INNER BELT RD

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 131971441

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: 07:30 AM-10:00 PM
SATURDAY: 07:30 AM-03:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

*** GARAGE NOT OPEN TO THE PUBLIC *** LICENSE #: 2011-253
FEE: \$500.00

This is to certify: NIPPON EXPRESS USA INC ATTN: JUN YAMAZAKI
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 01/24/2008

Garage situated at: 00030 INNER BELT RD (REAL)
Doing business as : NIPPON EXPRESS
Shall not exceed: 4 Vehicles Inside
in addition the following restrictions apply:

2011 APR 15 A 9:02
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Mike DeMarco
Signature of Applicant
30 INNER BELT ROAD
Address
SOMERVILLE MASS. 02143
City State Zip

** Office Use Only **
Mailed
Taken
Received:
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.

NIPPON EXPRESS USA INC

* Signature of Individual or Corporate Name (Mandatory)

Miek DeMarco

By: Corporate Officer (Mandatory, if a corporation)

13-1971441

** 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

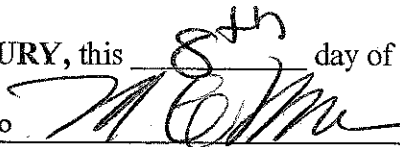
Exact name of taxpayer/applicant's business: NIPPON EXPRESS USA INC

Address of taxpayer/applicant's business in Somerville: 30 INNER BELT ROAD SOMERVILLE, MASS. 02143

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

Taxpayer/applicant's phone: day: 617-591-8800 evening: 617-591-8800

I, (print name) Mike DeMarco, 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 8th day of April, 20 11, Mike DeMarco 
(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: _____

#00870101 #55100102F #30053509 # _____

NOTES:

CLERK'S INITIALS: URB ORIGINAL STAMP:

received
UBarut
4-15-11



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: NIPPON EXPRESS USA INC
 address: 30 INNER BELT ROAD
 city: SOMERVILLE state: MA. zip: 02143 phone #: 617-591-8800

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 29 employees (full & part time). Other WAREHOUSE FOR INTERNATIONAL TRANSPORTATION
- I am an employer providing workers' compensation for my employees working on this job.

company name:
 address:
 city: phone #:
 insurance co. policy #

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: Mike DeMarco Date: April 8, 2011
 Print name: Mike DeMarco Phone #: 617-591-8800

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

city or town: _____ permit/license # _____

check if immediate response is required

contact person: _____ phone #: _____

(revised Sept. 2003)

Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____