

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

FRASER M. WALSH
20 ASSEMBLY SQUARE DRIVE
SOMERVILLE MA 02145

LIC #: 2010-073
B.O.A.#

2010 APR 14 11:14 AM 9:21

*** 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, 2010. 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: TRACER TECHNOLOGIES, INC. TEL: 617-776-6410
Company Address: 00015 NORTH UNION ST

City: SOMERVILLE State: MA Zip: 02145

Check One: Individual: ___ Co: X Corp: ___ Trust: ___ Agency ___ Ship ___ Other ___
Owner Name: FRASER M. WALSH TEL: 617-776-6410
Owner Address: 20 ASSEMBLY SQUARE DRIVE

Owner City: SOMERVILLE State: MA Zip: 02145FID#: 042470959

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 04/30/2010, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

LICENSE #: 2010-073
FEE: \$500.00

This is to certify: FRASER M. WALSH
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 06/01/1950

Garage situated at: 00015 NORTH UNION ST
Doing business as : TRACER TECHNOLOGIES, INC.
Shall not exceed: 40 Vehicles Outside, not on public ways
in addition the following restrictions apply:
NO VEHICLES ON PREMISES-NO LONGER USED AS A GARAGE-
OUTDOOR PARKING ON SITE.

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

Signature of Applicant

20 Assembly Sq. Dr.

Address

Somerville MA 02145

City

State

Zip

** Office Use Only **
Mailed ___
Taken ___

Received: _____

City Clerk



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: ECO LLC
2. Address of taxpayer/applicant's business in Somerville: 20 Assembly Sq. Dc
3. Address of taxpayer/applicant's home in Somerville: Somerville, MA 02145
4. Taxpayer/applicant's phone: day: 617-376-6410 evening: _____

I, Fraser Watkins, 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 Final day of April, 20 10. Fraser Watkins
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

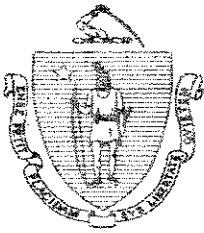
☒ Real Estate 02085037 ☒ Water/Sewer # 102052001 ☐ Personal Property # ☐ Other: #

NOTES:

CLERK'S INITIALS: UR ORIGINAL STAMP:

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143
(617) 625-6600 EXT. 3500 • TTY: (617) 666-0001 • FAX: (617) 666-9682

received
UB
4-9-10



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:

Tracer Technologies Inc

address:

20 Assembly Sq. Dr.

city:

Somerville

state:

MA

zip:

02145 phone # 617-776-6410

work site location (full address):

SAME AS ABOVE

☐ 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 92 employees (full & part time).

☐ Other

manufacturing

☐ I am an employer providing workers' compensation for my employees working on this job.

company name:

Tracer Technologies Inc

address:

20 Assembly Sq. Dr.

city:

Somerville

phone #:

617-776-6410

insurance co.

Ace Property + Casualty Ins.

policy #

C4 5876 469

☐ 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

Fraser Wals

Date

Print name

Fraser Wals

Phone #

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:

(revised Sept. 2003)

phone #:

☐ Building Department

☐ Licensing Board

☐ Selectmen's Office

☐ Health Department

☐ Other

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.

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

** 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.