

## IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Outdoor Parking  
License Number: #191156  
Business Name: Faulkner Brothers Inc  
Location: 2 Alpine St  
Spaces: 3  
Special Conditions (if any):

Renewal Fee (Return with this application): \$20 per Space

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:	<u>Faulkner Brothers Inc</u>
Somerville Address and Zip Code:	<u>2 Alpine St. 02144</u>
Phone Number of the Business:	<u>617-625-8255</u>

The Legal Name of the License Holder:	<u>Faulkner Brothers Inc.</u>
Street Address of the License Holder:	<u>2 Alpine St.</u>
City, State and Zip Code of the License Holder:	<u>Somerville, MA 02144</u>
Phone Number of the License Holder:	<u>617-625-8255</u>
Email Address of the License Holder:	<u>Abinfo@Faulknerinc.com</u>

Where We Should Send Mail: Name:	<u>Faulkner Brothers Inc.</u>
Street Address:	<u>P.O. Box 207</u>
City, State and Zip Code:	<u>Somerville, MA 02143</u>
Email:	<u>Abinfo@Faulknerinc.com</u>
Phone Number:	<u>617-625-8255</u>

Federal ID # (Do Not Give a Social Security #):	<u>04-2305114</u>
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Emergency Contact and Phone (For Fire Dept. Use):	<u>Peter Dupuis 617-625-8255</u>
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-OVER-



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Faulkner Brothers Inc.

Address of taxpayer/applicant's business in Somerville: 2 Alpine St.

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

Taxpayer/applicant's phone: day: 617-625-8255 evening: 617-625-8255

I, (print name) 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 19th day of April, 20 12. Peter A. Dupuis Jr.  
(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: \_\_\_\_\_

# 352 # \_\_\_\_\_ # 15 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: k

ORIGINAL STAMP:



**RECEIVED**  
4-19-12

**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: Faulkner Brothers Inc  
Address: 2 Alpine St.  
City: Somerville State: MA Zip: 02144 Phone #: 617-625-8255

- ☒ I am an employer with 14 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 staffed by volunteers 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: Federated Mutual Insurance Co.  
Address: P.O. Box 328  
City: Owatonna State: MN Zip: 55060 Phone #: 800-533-0472  
Policy #: 9915645 Expiration Date: 11/17/2012

**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: Peter A. Dupont Jr. Date: 4/19/12  
Print Name: Peter A. Dupont Jr.

*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 \_\_\_\_\_