



**CITY OF SOMERVILLE  
BOARD OF ALDERMEN  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600**

2013 MAR 28 A 11: 47

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**APPLICATION TO RENEW OUTDOOR PARKING LICENSE**

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

License #: 896  
Fee: 6,800.00  
Account ID: 36  
Reference #: 896

#7064

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)
Business/DBA Name: For <b>PAT'S TOWING INC</b> Business Location: <b>160 MCGRATH HWY</b> Business Phone: <b>617-354-4000</b>	
License Holder: <b>PAT'S TOWING INC</b> <b>160 MCGRATH HWY</b> <b>SOMERVILLE, MA 02143</b> <b>617-354-4000</b>	
Mailing Address: <b>PAT'S TOWING INC</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - GERALD CORCORAN</b> <b>SECRETARY - MICHAEL MAHAR</b>	
FID: <b>270726964</b>	
Food Manager/Emergency Contact: <b>ROBERT TORO</b> <b>781-760-8824</b>	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **NOT APPLICABLE**

340 SPACES

Description of Location and/or Other Conditions:

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: *Michael Mahar* Date: 3-19-2013  
Print Name: Michael Mahar Phone: 708-390-2200

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: PAT'S TOWING  
 Address: 160 McGRATH HIGHWAY  
 City: SOMERVILLE State: MA Zip: 02143 Phone #: 781-760-8824

I am an employer with 20 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: ACE AMERICAN INSURANCE COMPANY  
 Address: 436 WALNUT STREET  
 City: PHILADELPHIA State: PA Zip: 19106 Phone #: 215-640-1000  
 Policy #: WLR C 47128638 Expiration Date: 5/1/2013

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: 3/19/2013  
 Print Name: PETER McENERY

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 \_\_\_\_\_



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

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617-354-4000 evening: 617-354-4000

I, (print name) Michael Mahar, 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 19<sup>th</sup> day of March, 20 13. [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: \_\_\_\_\_

# 9665      # 146042021 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:

**RECEIVED**  
Barrows  
3-28-13