

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

JOHN MCQUILLEN, JR.
61 INNER BELT ROAD
SOMERVILLE MA 02143

LIC #: 2012-267
B.O.A.# 190946

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: Parking or Storing Vehicles: X
Washing Vehicles: X Spray Painting: X 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 \$550.00 not later than April 30, 2012. 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: TRIUMVIRATE ENVIRONMENTAL, INC. TEL: 617-628-8098
Company Address: 00191 INNER BELT RD (REAL)

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: Co: Corp: X Trust: Agency Ship Other
Owner Name: JOHN MCQUILLEN, JR. TEL: 617-628-8098
Owner Address: 61 INNER BELT ROAD

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 04317601

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 04/30/2012, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 04:00 AM-04:00 PM
SATURDAY: 06:00 AM-04:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

OUR CURRENT INFORMATION SHOWS
*** GARAGE NOT OPEN TO THE PUBLIC *** LICENSE #: 2012-267
FEE: \$550.00

This is to certify: JOHN MCQUILLEN, JR.
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 04/14/2011

Garage situated at: 00191 INNER BELT RD (REAL)
Doing business as : TRIUMVIRATE ENVIRONMENTAL, INC.
Shall not exceed: 2 Vehicles Inside & 35 Vehicles Outside, not on public ways
in addition the following restrictions apply:
NO SUNDAY HOURS

2012 APR 27 A 10:37
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Signature of Applicant
61 Inner Belt Road
Address
Somerville MA 02143
City State Zip

** Office Use Only
Mailed
Taken [X]
Received: 4/27/12 - MS
\$550.00 ck# 005916
City Clerk

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 the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: TRIUMVIRATE ENVIRONMENTAL, INC.
Somerville Address and Zip Code: 61 INNER BELT ROAD 02143
Phone Number of the Business: (617) 628-8098

The Legal Name of the License Holder: TRIUMVIRATE ENVIRONMENTAL, INC.
Street Address of the License Holder: 191 INNER BELT RD
City, State and Zip Code of the License Holder: Somerville, MA. 02143
Phone Number of the License Holder: 617-715-8919
Email Address of the License Holder: rbarry@triumvirate.com

Where We Should Send Mail: Name: Richard BARRY
Street Address: 61 INNER BELT ROAD
City, State and Zip Code: SOMERVILLE, MA 02143
Email: rbarry@triumvirate.com
Phone Number: (617) 715-8919

Federal ID # (Do Not Give a Social Security #): 04-3017601

Emergency Contact and Phone (For Fire Dept. Use): Eric Chebator

Type of Business (Check Only One and Give the Names Indicated):
 Sole Proprietor: Name of Owner: _____
 Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
 Trust: Names of All Trustees Who Own More Than 10%: _____
 Corporation (inc. LLC): Name of President: John McQuillan, Jr.
Name of Secretary: John McQuillan, Jr.
Name of Treasurer: John McQuillan, Jr.
Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: [Signature] Date 04/26/2012

04/27/2012

City of Somerville City Hall
93 Highland Avenue
Somerville, Massachusetts 02143

Subject: Renewal of Garage License # 2012-267
191 Inner Belt Road
Somerville, MA 02143

Dear Sir/Madam:

Enclosed for your consideration is Triumvirate Environmental's complete application for renewal of our Garage License for 191 Inner Belt Road in Somerville. A check in the amount of \$550.00 is also enclosed.

Please feel free to call me if there are any questions.

Sincerely:



Richard M. Barry
Director, Compliance
Triumvirate Environmental, Inc.
617-799-2511

Enc.

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.

[Handwritten Signature]
* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

04-301 2601 (Federal Identification Number)

** 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: Triumvirate Environmental, Inc.

Address of taxpayer/applicant's business in Somerville: 61¹⁹¹ INNER BELT ROAD

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

Taxpayer/applicant's phone: day (617) 715-8919 evening: (617) 799-2511

I, (print name) Richard Barry, 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 26th day of

April, 2012. [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: _____
2011-90461 #100007501 # _____ # _____
2012-7055 #145008001 # _____ # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

RECEIVED
4-26-12



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: Triumvirate Environmental, Inc.

address: 61 INNER BELT ROAD

city SOMERVILLE state: MA zip: 02143 phone # 617-628-8098

work site location (full address): 191 Inner Belt Road, Somerville, MA 02143

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 321 employees (full & part time). Other Garage

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

company name: TRIMMIRATE ENVIRONMENTAL, INC.

address: 61 INNER BELT ROAD

city: SOMERVILLE, MA 02143 phone #: 617.628.8098

insurance co. NEW HAMPSHIRE INSURANCE CO. policy # WC06306700-AOS, NC19624358-MASS

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 Emily Duquette Date 04 26 2012

Print name EMILY DUQUETTE, ASSISTANT SECRETARY Phone # 617-628-8098

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

Health Department

Other _____

(revised Sept. 2003)