



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

APPLICATION TO RENEW GARAGE LICENSE

PMD GROUP LLC
P.O.BOX 207
2 ALPINE STREET
SOMERVILLE, MA 02143

License #: **934**
 City # **G12**
 Fee: **550.00**
 Account ID: **483**
 Reference #: **934**

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: PMD GROUP LLC Business Location: 385 BROADWAY Business Phone: 617-625-5600	
License Holder: PMD GROUP LLC P.O.BOX 207 2 ALPINE STREET SOMERVILLE, MA 02143 617-625-5600	
Mailing Address: PMD GROUP LLC P.O.BOX 207 2 ALPINE STREET SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - PETER DUPUIS SECRETARY - PETER DUPUIS TREASURER - PETER DUPUIS	
FID: 201553437	
Food Manager/Emergency Contact: PETER DUPUIS 617-625-8255	

2014 APR 10 A 8:26
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

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

Hours: **MO-SA 7AM-6PM**

NOT OPEN TO THE PUBLIC

1 STORING VEHICLES
150 VEHICLES INSIDE

Description of Location and/or Other Conditions:

Originally Issued 11/12/1931, 4/28/2005 Dupuis Realty Trust Name Changed To PMD Group LLC.

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: *Peter A. Dupuis Jr.* Date: 4/8/14
 Print Name: Peter A. Dupuis Jr. Phone: 617-625-5600



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: PMD GROUP LLC

Address of taxpayer/applicant's business in Somerville: 379-385 BROADWAY, SOMERVILLE, MA 02145

Address of taxpayer/applicant's home in Somerville: 2 ALPINE STREET, SOMERVILLE, MA 02144

Taxpayer/applicant's phone: day: 617-625-5600 evening: _____

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 8 day of April, 20 14. 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: _____

Multi Accounts # 661035001 # _____ # _____

NOTES:

CLERK'S INITIALS: Q

ORIGINAL STAMP: 

RECEIVED
4/10/14

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: PMD GROUP LLC
Address: P.O. BOX 207-2 ALPINE STREET
City: SOMERVILLE, State: MA Zip: 02143 Phone #: 617-625-5600

- ☐ I am an employer with _____ 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: A.I.M. MUTUAL INSURANCE CO.
Address: P.O. BOX 4070
City: BURLINGTON, State: MA Zip: 01803 Phone #: 800-876-4130
Policy #: VWC-100-6010287-2014A Expiration Date: 03-30-15

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 H. Dupuis Jr.* Date: 4/8/14
Print Name: Peter H. Dupuis 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 _____