

GARAGE LICENSE APPLICATION

2015 OCT 16 A 10:08

Nonrefundable Application Fee \$550.00

FOR CITY CLERK'S OFFICE ONLY
Date Recorded SOMERVILLE, MA
Amount Paid _____

Date Oct. 16, 2015

☒ New Application

For the storage of 6 vehicles inside

☐ Renewing Application with Additions or Changes

4 vehicles outside

☐ Renewing Application with NO Additions or Changes

Business (DBA) Name: Sullivan Tire Co., Inc Phone: 781-982-1550

Business Address (in Somerville): 265 Beacon Street, Somerville, MA

Applicant's Federal Employer Identification Number: 04-2472932

Applicant's Legal Name: Sullivan Tire Co., Inc

Mailing Name (who we should send correspondence to): Sullivan Tire Co., Inc

Mailing Address (with Zip Code): 41 Accord Park Dr., Norwell, MA 02061

Emergency Contact: Roy Donlon Phone: 781-982-1550 x247

Type of Business (Check Only One and Provide the Names Indicated):

☐ **Sole Proprietor:** Name of Owner: _____

☐ **Partnership (inc. LLP):** Name of Partnership: _____

Names of All Partners Who Own More Than 10%: _____

☐ **Trust:** Name of Trust: _____

Names of All Trustees Who Own More Than 10%: _____

☒ **Corporation:** Name of Corporation: Sullivan Tire Co., Inc.

Name of President: Robert D. Sullivan

Name of Secretary: Lynn A. Sawski Name of Treasurer: Paul J. Sullivan

☐ **LLC:** Name of LLC: _____

Names of All Managers Who Own More Than 10%: _____

☐ **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Business (DBA) Name: _____

- | | | |
|----|--|--|
| 1. | Will you be open to the public at this location? | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> |
| 2. | Will you be doing mechanical repairs of vehicles at this location? | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> |
| 3. | Will you be doing autobody work on vehicles at this location? | Y <input type="checkbox"/> N <input checked="" type="checkbox"/> |
| 4. | Will you be spray painting vehicles or parts at this location? | Y <input type="checkbox"/> N <input checked="" type="checkbox"/> |
| 5. | Will you be washing vehicles at this location? | Y <input type="checkbox"/> N <input checked="" type="checkbox"/> |
| 6. | Will you be charging money to park vehicles at this location? | Y <input type="checkbox"/> N <input checked="" type="checkbox"/> |
| 7. | Will you be storing registered vehicles at this location? | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> |
| 8. | Will you be storing unregistered vehicles at this location? | Y <input type="checkbox"/> N <input checked="" type="checkbox"/> |
| 9. | Will you be operating a tow vehicle at this location? | Y <input type="checkbox"/> N <input checked="" type="checkbox"/> |

Have you ever obtained a garage license before? Y ☒ N ☐

If yes, list year, city and state 2009 Abington, MA

Have you ever been denied a garage license? Y ☐ N ☒

If yes, list year, city and state _____

Have you ever had a garage license revoked or suspended? Y ☐ N ☒

If yes, list year, city and state _____

I request permission to store 6 vehicles inside the building, and 4 vehicles on the parking lot.

Attach a scaled site plan drawing of your property, showing exactly where you will store each of the vehicles you wish to park on the premises. Include a plan for both the inside of the building and the outside parking lot. Include the dimensions for each space.

The hours of operation for garages are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

Mon. - Fri. 7am - 7pm, Sat. 7am - 5:30pm

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on April 30, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. 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 Applicant: [Signature] Date: 10/7/15

Business Name: Sullivan Tire Co. Inc.

Business Address: 41 Accord Park Drive Norwell MA 02061

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a RC Zone.

- ☒ The use is permitted as of right, Existing Nonconforming Use
☐ The use requires a special permit
☐ The use is prohibited

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the State Building Code. (NOTE: This statement is NOT a certificate of occupancy, nor does it replace the requirement for a certificate of occupancy.)

Maximum number of motor vehicles to be kept on the premises: 6 inside
4 outside

Signature: [Signature]

Date: 10/16/15

Print Name: Al Bargoat

Title: Building Inspector.

FIRE PREVENTION BUREAU RECOMMENDATION

I have inspected the premises mentioned above and based on my inspection:

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the Fire Safety Code. (NOTE: This statement is NOT a storage of flammables permit, nor does it replace the requirement for a storage of flammables permit.)

- ☐ A 148 sec. 13 License is required
☒ A 148 sec. 13 License is NOT required

Signature: [Signature]

Date: 10/16/15

Print Name: LT ROBERT MAC LAUGHLAN

Title: COMPLIANCE



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Sullivan Tire Co., Inc.

Address of taxpayer/applicant's business in Somerville: 265 Beacon Street

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

Taxpayer/applicant's phone: day: 781-982-1550 evening: SAME

I, (print name) Lynn A. Sawiski, 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 14th day of

October, 20 15 [Signature] Secretary
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 10-16-15 INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: <input checked="" type="checkbox"/>
# <u>1152</u>	# <u>243019001</u>	# <u>73</u>	# _____

NOTES:

CLERK'S INITIALS: JLK

ORIGINAL STAMP:

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143
(617) 625-6600 EXT. 3500 • TTY: (866) 808-4851 • FAX: (617) 666-9682
WWW.SOMERVILLEMA.GOV

RECEIVED
10-16-15 [Signature]

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Sullivan Tire Co., Inc

Address: 265 Beacon Street

City: Somerville State: MA Zip: 02143 Phone #: 781-982-1550 x255

- ☒ I am an employer with 1300 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Travelers Insurance

Address: PO BOX 1450

City: Middleboro State: MA Zip: 02344 Phone #: 508-946-6388

Policy #: TA2KUB101D524 Expiration Date: 12/31/15

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: [Signature] Date: 10/3/15

Print Name: Elisabeth Hirman

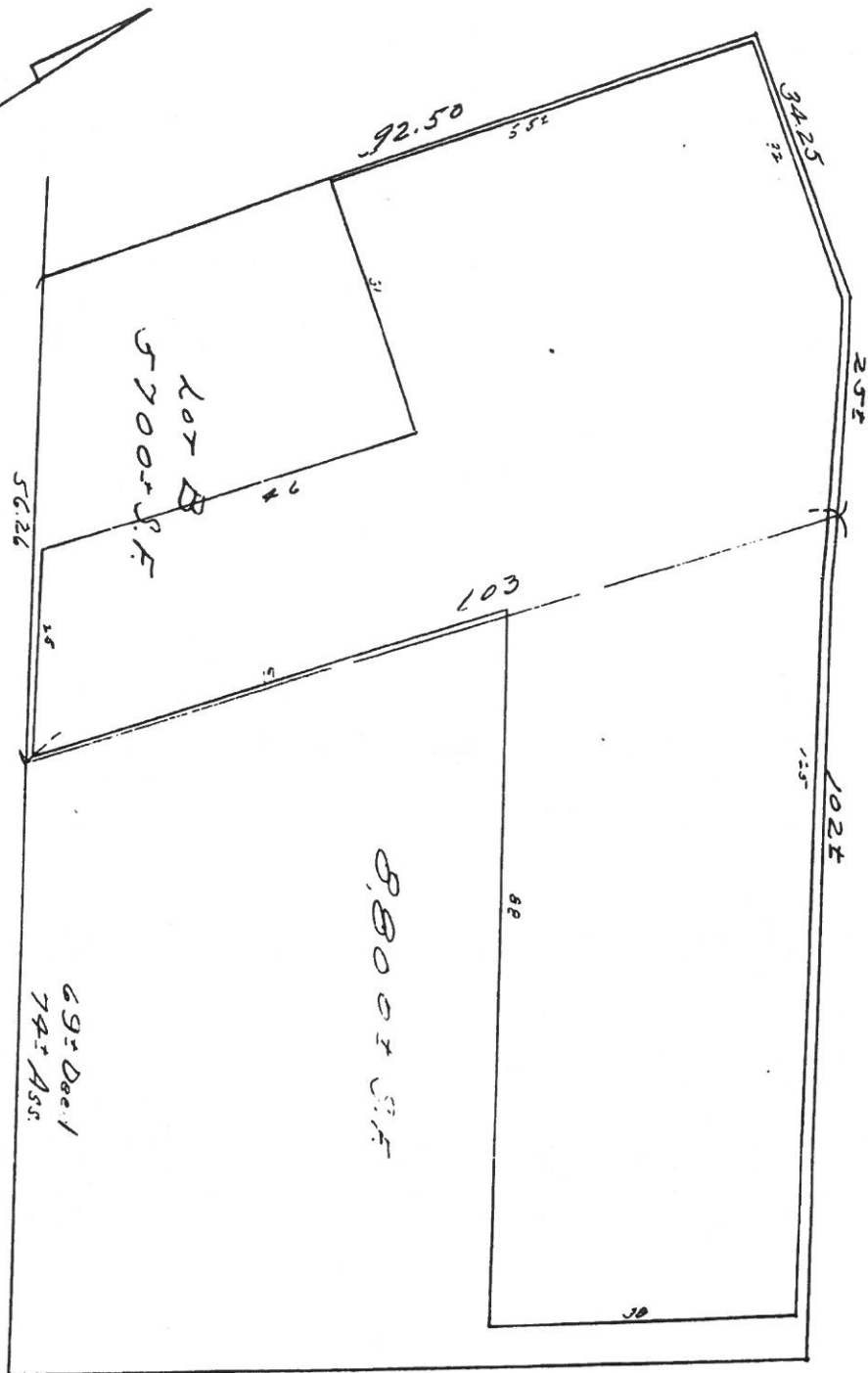
Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

Contact Person: _____ Phone #: _____

- ☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____

BEACON ST.



I certify that I have examined the premises & all easements, encroachments & buildings are on the ground as shown & that the buildings conform to all zoning requirements when constructed.

Not in Flood Area

Fred W. Gould

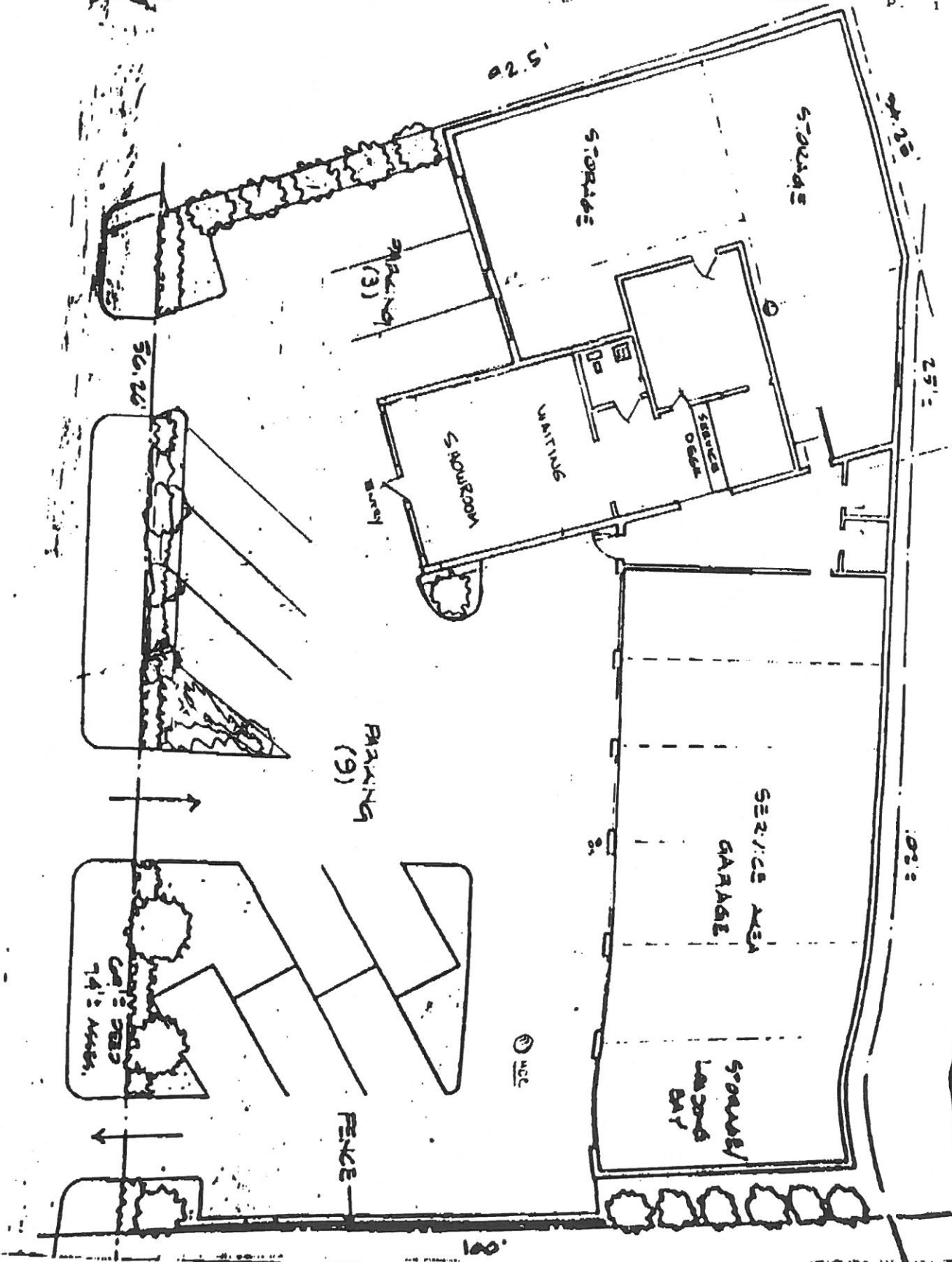


PLOT PLAN
263-269 BEACON STREET
SOMERVILLE

SCALE 1"=20'

FEB 24, 1989

FRED W. GOULD, SURVEYOR





CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Garage

CENTURY TIRE CO., INC.
263-269 BEACON ST
SOMERVILLE MA 02143

Docket #: 198858
File #: 15-475
License #: BL15-000587
License Expires: 04/30/2016

This is to certify that **CENTURY TIRE CO., INC., dba CENTURY TIRE AND AUTO SERVICE**, has been granted a /an
Garage license in the City of Somerville, ONLY at the following address: 263 BEACON ST.

This license is issued subject to the provisions of the General Laws of the Commonwealth, all ordinances of the City, and all regulations or conditions of the BOARD OF ALDERMEN, including but not limited to any specific conditions listed below.

License Information:

Proposed Hours of Operation: M-F 7A-7P SA 7A-5:30P
of Vehicles Kept Inside: 6
of Vehicles Kept Outside: 4
Open to the public? Yes
Mechanical repairs? Yes
Autobody work? No
Spray Painting? No
Washing vehicles? No
Charging money to store vehicles? No
Storing unregistered vehicles? No
Maintaining or operating a tow vehicle at this location? No

Attest for the BOARD OF ALDERMEN:

John J. Long

This license is NOT Transferable, and no changes may be made to this license without the approval of the BOARD OF ALDERMEN.
This license must be posted in a conspicuous place on the premises.