

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

CHARLES MCKENZIE C/O HAMLEM & COMPANY
54 CANAL STREET, 5TH FLOOR
BOSTON MA 02114

LIC #: 2011-205
B.O.A.# 162983

*** 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: Spray Painting: 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 \$500.00 not
later than April 30, 2011. 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: INNER BELT INDUSTRIAL CENTER REALTY TRUST TEL: 617-742-9955
Company Address: 00021 THIRD AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: Co: Corp: Trust: X Agency Gov't Partner
Ship Other

Owner Name: CHARLES MCKENZIE C/O HAMLEM & COMPANY TEL: 617-742-9955

Owner Address: 54 CANAL STREET, 5TH FLOOR

Owner City: BOSTON State: MA Zip: 02114

FID#: 042937645

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 04/30/2011, please advise.

***** HOURS OF OPERSTIONS *****

MONDAY-FRIDAY: 07:00 AM-06:00 PM

SATURDAY: 08:00 AM-02:00 PM

SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

*** GARAGE NOT OPEN TO THE PUBLIC ***

LICENSE # 2011-205
FEE \$ 500.00

This is to certify: CHARLES MCKENZIE C/O HAMLEM & COMPANY
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 02/12/1998

Garage situated at: 00021 THIRD AV

Doing business as : INNER BELT INDUSTRIAL CENTER REALTY TRUST

Shall not exceed: 76 Vehicles Inside

in addition the following restrictions apply:

NO SPRAY PAINTING SATURDAY EMERGENCIES ONLY

This renewal certificate must be signed by the holder of the license.

Check One: Owner Occupant Holder ✓

Signature of Applicant

C/O HAMLEN & CO., INC.

54 CANAL STREET

Address

Boston

City

MA

State

02114

Zip

** Office Use Only **

Mailed

Taken ✓

Received: 4/7/11 - ms

#50. ck # 449

City Clerk

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.

INNER BELT INDUSTRIAL CENTER L.P.

* Signature of Individual or Corporate Name (Mandatory)

Devin H. Haul

By: Corporate Officer (Mandatory, if a corporation)

04-2937645

** 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: INNERBELT INDUSTRIAL CENTER L.P.
Address of taxpayer/applicant's business in Somerville: 21 THIRD AVE.
C/O HAMLEN + CO, INC.
Address of taxpayer/applicant's home in Somerville: 54 CANAL ST. BOSTON MA 02114
Taxpayer/applicant's phone: day: 617 742-9955 x33 evening: 617 293 4827

I, (print name) DEVENS H. HAMLEN, 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 7TH day of

APRIL, 20 11. Devens H. Hamlen
(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: _____

03104202 # 551001042 # _____ # _____

NOTES:

CLERK'S INITIALS: UB ORIGINAL STAMP:

received
UBancus

4-7-11



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: INNER BELT INDUSTRIAL CENTER L.P.

address: 10 HAMLIN & CO., INC.

city: BOSTON

state: MA

zip: 02114

phone # 617 742-9955

work site location (full address):

☐ I am a sole proprietor and have no one working in any capacity. Business Type: ☐ Retail ☐ Restaurant/Bar/Eating Establishment

☐ I am an employer with _____ employees (full & part time). ☐ Office ☐ Sales (including Real Estate, Autos etc.) ☒ Other LIMITED PARTNERSHIP - NO EMPLOYEES

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

company name:

address:

city:

phone #:

insurance co.

policy #

☐ 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

Date

4/7/11

Print name

CHARLES MCKENZIE

Phone #

617 742-9955 x33

official use only

do not write in this area to be completed by city or town official

city or town:

permit/license #

☐ check if immediate response is required

contact person:

phone #:

(revised Sept. 2003)

- ☐ Building Department
☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other _____