

**CITY OF SOMERVILLE  
MASSACHUSETTS  
OFFICE OF THE CITY CLERK  
RENEWAL APPLICATION FOR GARAGE LICENSE**

THOMAS LYNCH  
80 MORRISON AVENUE  
SOMERVILLE MA 02144

LIC #: 2012-054  
B.O.A.# 174012

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: X Parking or Storing Vehicles:     

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 \$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: PETE'S BOY'S, INC. TEL: 617-628-1150  
Company Address: 00229 R LOWELL ST

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: THOMAS LYNCH TEL: 617-312-3936

Owner Address: 80 MORRISON AVENUE

Owner City: SOMERVILLE State: MA Zip: 02144

FID#: 300175654

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: 08:00 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 OPEN TO THE PUBLIC --

LICENSE #: 2012-054  
FEE: \$550.00

This is to certify: THOMAS LYNCH  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 03/22/1923

Garage situated at: 00229 R LOWELL ST  
Doing business as : PETE'S BOY'S, INC.  
Shall not exceed: 10 Vehicles Inside  
in addition the following restrictions apply:  
NEW OWNER AS OF 2003

CITY CLERK'S OFFICE  
2012 APR -4 P 3:35

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

[Signature]  
Signature of Applicant

[Address]  
Address

[City] [MA] [02143]  
City State Zip

\*\* Office Use Only \*\*

Mailed       
Taken   X  

Received: 4/4/12 -MS  
\$ 550.00 Ch# 229  
City Clerk

**IMPORTANT**

#605  
REF 722

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: Peter Big's Inc  
 Somerville Address and Zip Code: 229 Lowell St  
 Phone Number of the Business: 617-628-1100

The Legal Name of the License Holder: Peter Big's Inc  
 Street Address of the License Holder: 229 So Morris Ave  
 City, State and Zip Code of the License Holder: Somerville MA 02144  
 Phone Number of the License Holder: 617-628-1100  
 Email Address of the License Holder: \_\_\_\_\_

Where We Should Send Mail: Name: Tom Lynch  
 Street Address: 80 Morris Ave  
 City, State and Zip Code: Somerville MA 02144  
 Email: \_\_\_\_\_  
 Phone Number: 617-628-1100

Federal ID # (Do Not Give a Social Security #): 30-0175654

Emergency Contact and Phone (For Fire Dept. Use): 617-628-1100

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: Tom Lynch  
 Name of Secretary: Tom Lynch  
 Name of Treasurer: Tom Lynch  
 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: 4/28/2012

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.

*Rita Baji, Tax*

\* Signature of Individual or Corporate Name (Mandatory)

*[Signature]*

By: Corporate Officer (Mandatory, if a corporation)

*30-0775654*

\*\* 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: Reds Bys Inc  
Address of taxpayer/applicant's business in Somerville: 229 South St  
Address of taxpayer/applicant's home in Somerville: 8 Morris Ave  
Taxpayer/applicant's phone: day: 617-628-4110 evening: \_\_\_\_\_

I, (print name) Tom Gal, 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 4 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:**

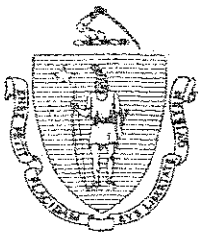
Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_  
# 89000207      # 228051011      # 767      # \_\_\_\_\_  
9199      228051001

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:





The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street, 7<sup>th</sup> Floor  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: Robert Byrnes, Inc  
 address: 229 Lowell St  
 city: Somerville state: MA zip: 02148 phone #: 617-625-1150

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  
 Office  Sales (including Real Estate, Autos etc.)  
 I am an employer with \_\_\_\_\_ employees (full & part time).  Other Real Estate only  
 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 year's 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: 4-4-2002  
 Print name: Tom Byrnes Phone #: 617-625-1150

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 #: \_\_\_\_\_  
 Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other \_\_\_\_\_  
 (revised Sept. 2003)