

## CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

## RENEWAL APPLICATION FOR GARAGE LICENSE

MONROX MUFFLER BRAKE  
200 HOLLEDER PARKWAY  
ROCHESTER NY 14615

LIC #: 2010-257  
B.O.A.# 187508

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ☒ Auto Body Work: ☐ 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 \$500.00 not  
later than April 30, 2010. 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: MONROX MUFFLER BRAKE, INC. TEL: 617-625-7270  
Company Address: 00223 WASHINGTON ST

City: SOMERVILLE State: MA Zip: 02143Check One: Individual: ☐ Co: ☐ Corp: ☒ Trust: ☐ Agency ☐ Ship ☐ Gov't PartnerOwner Name: MONROX MUFFLER BRAKE TEL: 508-304-4691Owner Address: 200 HOLLEDER PARKWAYOwner City: ROCHESTER State: NY Zip: 14615FID#: 160838627

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 04/30/2010, please advise.

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

MONDAY-FRIDAY: 07:30 AM-07:00 PM

SATURDAY: 07:00 AM-04:00 PM

SUNDAY: CLOSED

Very truly yours,

John J. Long  
City Clerk

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

-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2010-257  
FEE: \$500.00

This is to certify: MONROX MUFFLER BRAKE  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 04/22/2009

Garage situated at: 00223 WASHINGTON STDoing business as : MONROX MUFFLER BRAKE, INC.

Shall not exceed: 4 Vehicles Inside & 12 Vehicles Outside, not on public ways  
in addition the following restrictions apply:

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
APR 29 2010 3:36

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

Check One: Owner ☒ Occupant ☐ Holder ☐

Catherine D'Amico CFO  
Signature of Applicant

200 Hollender Pkwy  
Address

Rochester NY 14615  
City State Zip

\*\* Office Use Only \*\*  
Mailed ☒  
Taken ☐

Received: 500.00 4/29/10

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.

Monro Muffler Brake Inc

\* Signature of Individual or Corporate Name (Mandatory)

X Catherine D'Amico

CFO

By: Corporate Officer (Mandatory, if a corporation)

16 08 38627

\*\* 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**

1. Exact name of taxpayer/applicant's business: Monro Muffler Brake Inc
2. Address of taxpayer/applicant's business in Somerville: 223 Washington Street
3. Address of taxpayer/applicant's home in Somerville: 55 Greatwood Circle  
Fairport NY 14450
4. Taxpayer/applicant's phone: day: 585 647-6400 evening: 585 425 1739

I, Catherine D'Amico, 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 26<sup>th</sup> day of April, 20 10. Catherine D'Amico  
(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: \_\_\_\_\_

#19638074 #119007001 #10130014 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: M.M.

ORIGINAL STAMP:



*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: Monro Muffler Brake  
Address: 200 Halted Pkwy  
City: Rochester State: NY Zip: 14605 Phone #: 5856476400

- ☒ I am an employer with 400 employees (full and/or part time). Business Type: ☐ Retail  
☐ Restaurant/Bar/Eating Establishment  
☐ Office and/or Sales (real estate, auto, etc.)  
☐ Nonprofit  
☐ Entertainment  
☐ Manufacturing  
☐ Health Care  
☐ Other \_\_\_\_\_
- ☐ 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.

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Travelers Insurance  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Policy #: TC2NUB177D815-10 Expiration Date: 4/1/2011

**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: Catherine D'Amico Date: 4/26/10  
Print Name: Catherine D. Amico

**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 \_\_\_\_\_

**ACORD** TM **CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
2/24/2010**PRODUCER**First Niagara Risk Management, Inc.  
777 Canal View Boulevard, Suite 100  
Rochester NY 14623-2825  
(585) 546-3747 x7727, Fax (585) 424-2798

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED**

Monro Muffler Brake, Inc.

200 Hollleder Parkway  
Rochester NY 14615-0945**INSURERS AFFORDING COVERAGE****NAIC #**

INSURER A: Travelers PC of America

INSURER B: Cincinnati Insurance Co.

INSURER C: Phoenix Insurance Co.

INSURER D:

INSURER E:

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	INSRD	GENERAL LIABILITY	TC2JGLSA177D8217-10	4/1/2010	4/1/2011	EACH OCCURRENCE \$ 1,000,000	
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000	
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$ 1,000,000	
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GENERAL AGGREGATE \$ 5,000,000						
A	INSRD	AUTOMOBILE LIABILITY	TC2JCAP281D1136-10	4/1/2010	4/1/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$	
		ALL OWNED AUTOS				BODILY INJURY (Per accident) \$	
		SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$	
<input checked="" type="checkbox"/> HIRED AUTOS	Hired Comp. & Collision \$30,000	ACV Limit					
NON-OWNED AUTOS	ACTUAL CASH VALUE BASIS: Limit: \$2,000,000						
<input checked="" type="checkbox"/> Garagekeepers	COMPREHENSIVE COLLISION \$2,000,000						
	Coverage						
B	INSRD	GARAGE LIABILITY	CCC1154790	4/1/2010	4/1/2011	AUTO ONLY - EA ACCIDENT \$	
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$	
		EXCESS/UMBRELLA LIABILITY				AGG \$	
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE \$ 5,000,000	
C	INSRD	DEDUCTIBLE	TC2NUB177D8150-10	4/1/2010	4/1/2011	AGGREGATE \$ 5,000,000	
		<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				(ND, WA, WY - ONLY STOP GAP EMPLOYER'S LIABILITY)	\$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					\$
No	OTHER					Y WC STATUTORY LIMITS OTH-ER	
						E.L. EACH ACCIDENT \$ 1,000,000	
						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000	

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

Proof of coverage. When required by Lease or Contract, the Certificate Holder is an Additional Insured but only with respect to the operations of the Named Insured.

**CERTIFICATE HOLDER**Monro Muffler Brake, Inc.  
200 Hollleder Parkway  
Rochester, NY 14615**CANCELLATION**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.AUTHORIZED REPRESENTATIVE  
Joseph Teresi/LCOOK