

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

GARY TROMBLEY  
36 IVAN STREET  
LEXINGTON

MA 02420

LIC #: 2011-236  
B.O.A.# 180088

\*\*\* 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, 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: ARCO TIRE & SERVICE TEL: 617-623-9400  
Company Address: 00016 CLARENDON AV

City: SOMERVILLE State: MA Zip: 02144

Check One:

Individual: ☒ Co: ☐ Corp: ☐ Trust: ☐ Agency ☐ Gov't ☐ Partner ☐ Ship ☐ Other ☐

Owner Name: GARY TROMBLEY TEL: 781-652-0186

Owner Address: 36 IVAN STREET

Owner City: LEXINGTON State: MA Zip: 02420

FID#: 043341500

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: 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 #: 2011-236  
FEE: \$500.00

This is to certify: GARY TROMBLEY  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 12/08/2005

Garage situated at: 00016 CLARENDON AV

Doing business as : ARCO TIRE & SERVICE

Shall not exceed: 2 Vehicles Inside & 2 Vehicles Outside, not on public ways  
in addition the following restrictions apply:

APPROVED WITH CONDITIONS: NO SPRAY PAINTING. 4 CARS MAX

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

Signature of Applicant

Address

City

State

Zip

\*\* Office Use Only \*\*

Mailed ☐

Taken ☐

Received: \$500.00

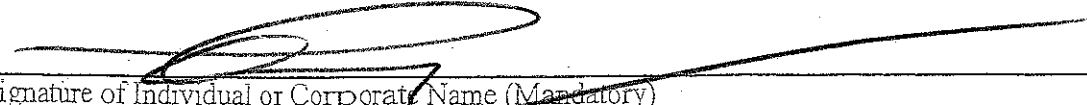
CK 12513

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.

  
\* Signature of Individual or Corporate Name (Mandatory)

L O W R  
By: Corporate Officer (Mandatory, if a corporation)

043 341 500  
\*\* 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.





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: ARCO TIRE & SERVICE

address: 15 WASHINGTON ST

city: SOMERVILLE

state: MA

zip: 02144 phone # 617-623-9400

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.)

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

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

Print name

Phone #

official use only

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

city or town:

permit/license #

☐ Building Department

☐ Licensing Board

☐ Selectmen's Office

☐ Health Department

☐ Other

contact person:

phone #:

(revised Sept. 2003)