

APPLICATION FOR AN OUTDOOR PARKING LICENSE

Application Fee \$20.00 per space

Date 4/2/10

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 4/6/10 -MS
Amount Paid \$80.00

2010 APR -6 9:17
CITY CLERK'S OFFICE
FRANKLIN COUNTY, MA

- New Application
Renewing Application with Additions or Changes
[X] Renewing Application with NO Additions or Changes

Business Name: Faulkner Brothers Inc. Phone: 617-625-8255

Business DBA Name (if applicable):

Address with Zip Code: 2 Alpine Street, Somerville, MA 02144

Tax Identification Number: 04-2305114 Check one: SSN [X] FEIN

Mailing Name (where we should send correspondence to): Faulkner Brothers Inc.

Address with Zip Code: 2 Alpine Street, Somerville, MA 02144

Property Owner Name: PMD Group Phone: 617-625-8255

Address with Zip Code: 2 Alpine Street, Somerville, MA 02144

Emergency Contact 1: Peter A Dupuis Jr. Phone: 617-625-8255

Emergency Contact 2: Michael R Dupuis Phone: 617-625-8255

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
[X] Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Peter A Dupuis Sr

Address with Zip Code: 631 Lewis Wharf, Boston, MA 02110

Partner's/Member's/Secretary's Name: Michael R Dupuis

Address with Zip Code: 72 Berkeley St. Reading, MA 01867

Partner's/Member's/Treasurer's Name: Peter A. Dupuis Jr.

Address with Zip Code: 2 West Chardon Rd. Winchester, MA 01890

Square Footage of the Space to be Used for Parking: 500 Square Feet.

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 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.

Signature of Applicant: *Peter A Dupuis Jr* Date: 9/31/10
Print Name: Peter A Dupuis Jr Phone: 617-625-8255

FOR NEW OR EXPANDING APPLICANTS ONLY:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

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

- The use is permitted as of right
- The use requires a special permit
- The use is prohibited

Maximum number of motor vehicles to be kept on the premises: _____

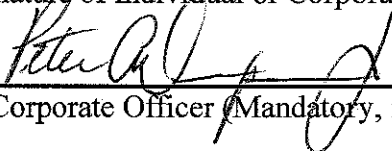
Signature: _____ Title _____ Date: _____

**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.

Faulkner Brothers Inc.

*Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

04-2305114

**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: Faulkner Brothers Inc.

Address of taxpayer/applicant's business in Somerville: 2 Alpine St.

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-625-8255 evening: 617-625-8255

I, (print name) Peter A Dupuis Jr., 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 3/5th day of March, 2010. *[Signature]*
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

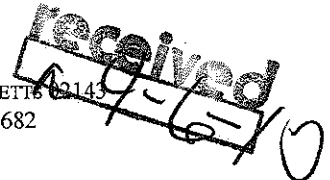
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____
04219034 # 22620011 # 03160092 # _____

NOTES:

CLERK'S INITIALS: *A*

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: Faulkner Brothers Inc.
 Address: 2 Alpine St.
 City: Somerville State: MA Zip: 02144 Phone #: 617-625-8255

- I am an employer with 12 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
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Entertainment
 We are a nonprofit organization staffed by volunteers and have no employees. Manufacturing
 We are a nonprofit organization staffed by volunteers and have no employees. Health Care
 Other Fuel Oil Sales & Service

Workers' compensation insurance information (if applicable):

Insurance Company Name: National Union Fire Ins. Co. of Pittsburgh PA
 Address: 70 Pine St.
 City: New York State: NY Zip: 10270 Phone #: 1-800-645-2255
 Policy #: WC 009-86-3152 Expiration Date: 11/17/10

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: *Peter A. DePuis Jr.* Date: 3/31/10
 Print Name: Peter A DePuis Jr.

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 _____