

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

PMD GROUP LLC
P.O.BOX 207 2 ALPINE STREET
SOMERVILLE MA 02143

LIC #: 2012-012
B.O.A.# 178569

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair:___ 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 \$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: PMD GROUP LLC TEL: 617-625-8255
Company Address: 00379 -00385 BROADWAY

City: SOMERVILLE State: MA Zip: 02145

Check One: _____ Gov't _____ Partner _____
Individual: ___ Co: ___ Corp: ___ Trust: X Agency ___ Ship ___ Other ___
Owner Name: PMD GROUP LLC TEL: 617-625-8255
Owner Address: P.O.BOX 207 2 ALPINE STREET

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 030243457

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: 07:00 AM-06:00 PM
SATURDAY: 07:00 AM-06:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2012-012
FEE: \$550.00

This is to certify: PMD GROUP LLC
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 11/12/1931

Garage situated at: 00379 -00385 BROADWAY

Doing business as : PMD GROUP LLC

Shall not exceed: 150 Vehicles Inside

in addition the following restrictions apply:

4/28/2005 DuPuis Realty Trust name changed to PMD GROUP LLC

CITY CLERK'S OFFICE
2012 APR 19 A 9:33

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

Check One: Owner X Occupant _____ Holder _____


Signature of Applicant

Address

City State Zip

** Office Use Only **

Mailed _____

Taken _____

Received: 4-20-2012 \$ 550 -

CK 5430

City Clerk

IMPORTANT

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:	PMD GROUP LLC
Somerville Address and Zip Code:	2 ALPINE STREET, SOMERVILLE, MA 02144
Phone Number of the Business:	617-625-5600

The Legal Name of the License Holder:	PMD GROUP LLC
Street Address of the License Holder:	2 ALPINE STREET
City, State and Zip Code of the License Holder:	SOMERVILLE, MA 02144
Phone Number of the License Holder:	617-625-5600
Email Address of the License Holder:	

Where We Should Send Mail: Name:	PMD GROUP LLC
Street Address:	P.O. BOX 207 - 2 ALPINE STREET
City, State and Zip Code:	SOMERVILLE, MA 02143
Email:	
Phone Number:	617-625-5600

Federal ID # (Do Not Give a Social Security #):	20-1553437
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Emergency Contact and Phone (For Fire Dept. Use):	PETER A. DUPUIS 617-625-8255
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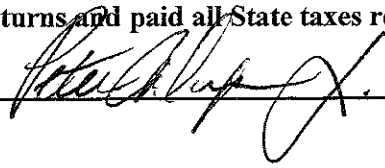
Type of Business (Check Only One and Give the Names Indicated):
<input type="checkbox"/> Sole Proprietor: Name of Owner: _____
<input type="checkbox"/> Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
<input type="checkbox"/> Trust: Names of All Trustees Who Own More Than 10%: _____
<input checked="" type="checkbox"/> Corporation (inc. LLC): Name of President: PETER A. DUPUIS JR.
Name of Secretary: _____
Name of Treasurer: _____
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.

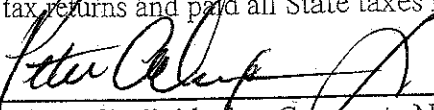
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:  Date 4-17-12

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.



PMD GROUP LLC

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

20-1553437

** 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: PMD GROUP LLC

Address of taxpayer/applicant's business in Somerville: 379-385 BROADWAY, SOMERVILLE, MA 02145

Address of taxpayer/applicant's home in Somerville: 2 ALPINE STREET, SOMERVILLE, MA 02144

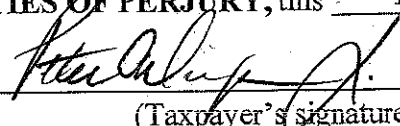
Taxpayer/applicant's phone: day: 617-625-5600 evening: _____

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 17TH day of

APRIL

, 20 12


(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: _____

352

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NOTES:

CLERK'S INITIALS: 

ORIGINAL STAMP: 



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: PMD GROUP LLC
address: P.O. BOX 207-2 ALPINE STREET
city: SOMERVILLE, state: MA zip: 02143 phone # 617-625-5600

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

company name: A.I.M. MUTUAL INSURANCE CO.
address: P.O. BOX 4070
city: BURLINGTON, MA 01803 phone #: 800-876-4130
insurance co. policy # VWC 6010287012012

- ☐ 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: Peter A. Dupuis Jr. Date: 4-17-12
Print name: PETER A. DUPUIS JR. Phone #: 617-625-5600

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 _____