

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

APCA THIRD AVENUE, LLC
~~2005~~ STATE STREET, 3rd Floor c/o Paradigm Properties
BOSTON MA 02109

LIC #: 2011-260
B.O.A.# 189507

*** 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 \$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: APCA THIRD AVENUE LLC TEL: 617-451-9800
Company Address: 00048 THIRD AV (MUNREG)

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ✓ Corp: ___ Trust: ___ Agency ___ Ship ___ Other ___
Gov't Partner
Owner Name: APCA THIRD AVENUE, LLC TEL: 617-451-9800
Owner Address: ~~66~~ STATE STREET, 3rd Floor c/o Paradigm Properties

200
Owner City: BOSTON State: MA Zip: 02109
FID#: 262884573

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 NOT OPEN TO THE PUBLIC ***

LICENSE #: 2011-260
FEE: \$500.00

This is to certify: APCA THIRD AVENUE, LLC
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 05/27/2010
Garage situated at: 00048 THIRD AV (MUNREG)
Doing business as : APCA THIRD AVENUE LLC
Shall not exceed: 42 Vehicles Inside
in addition the following restrictions apply:

2011 SEP - 8 A 11: 49
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

[Signature]
Signature of Applicant
200 STATE ST., 3rd Floor
Address
BOSTON MA 02109
City State Zip

** Office Use Only **
Mailed ___
Taken ___
Received: 9/8/11 CK 001145
\$500.00
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.

APCA Third Avenue LLC

* Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

26 - 2884573

** 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: APCA Third Avenue, LLC

Address of taxpayer/applicant's business in Somerville: 48 Third Avenue

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617-451-9800 evening: SAME

I, (print name) Kevin McCall/APCA THIRD AVE, LLC 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 31st day of

August, 20 11. [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: _____

03104197 # 551001046 # _____

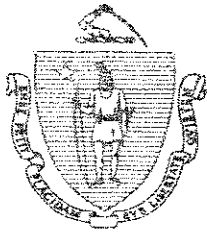
14652
NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received
UBancos

9-8-11



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: APCA Third Ave, LLC
 address: 48 Third Ave
 city: Somerville state: MA zip: 02143 phone # 617-451-9800

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: _____
 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 [Signature] Date Aug 30, 2011
 Print name Kevin McCall, CEO Phone # 617-451-9800

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 _____
 check if immediate response is required
 contact person: _____ phone #: _____

(revised Sept. 2003)