

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

BRIAN GODFROY

50 WEBSTER AVENUE

SOMERVILLE

MA 02143

LIC #: 2011-115

B.O.A.#

*** 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: BEACON SALES COMPANYTEL: 617-666-2800Company Address: 00050 WEBSTER AVCity: SOMERVILLE State: MA Zip: 02143

Check One:

Individual:___ Co:___ Corp: X Trust:___ Agency___ Ship___ Other___Owner Name: BRIAN GODFROY

TEL:___

Owner Address: 50 WEBSTER AVENUEOwner City: SOMERVILLEState: MAZip: 02143FID#: 364173366

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 #: 2011-115

FEE: \$500.00

This is to certify: BRIAN GODFROY

has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 02/20/1951

Garage situated at: 00050 WEBSTER AV

Doing business as : BEACON SALES COMPANY

Shall not exceed: 8 Vehicles Inside

in addition the following restrictions apply:

ALL 8 AUTOS INSIDE BUILDING

2011 APR - 5 P 2:25
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Check One: Owner___ Occupant___ Holder___

Signature of Applicant

50 Webster Ave

Address

Somerville, MA 02143

City

State

Zip

** Office Use Only **

Mailed

Taken

Received: 4-5-11 CK #8138369

\$500.00

City Clerk

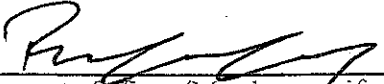
MASSACHUSETTS DEPARTMENT OF REVENUE

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.

Beacon Sales Co.

* Signature of Individual or Corporate Name (Mandatory)

 Brian Godfroy
By: Corporate Officer (Mandatory, if a corporation)

36-4173366

** 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: Beacon Sales Co.

Address of taxpayer/applicant's business in Somerville: 50 Webster Ave

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

Taxpayer/applicant's phone: day: 617-666-2800 evening: Same

I, (print name) Brian Godfroy, 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

March, 2011. [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: _____

07042040 # 124025001 # 09540014 # _____

NOTES:

CLERK'S INITIALS: UB ORIGINAL STAMP:



RECEIVED
[Signature]

3-31-11



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: Beacon Sales Co.

address: 50 Webster Ave.

city Somerville

state: MA

zip: 02143

phone # 617-666-2800

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 23 employees (full & part time). ☒ Other Wholesaler

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

company name: AIG American Home Assurance

address: P.O. Box 1821

city: Alpharetta

phone #: 877-638-4244

insurance co.

policy # WC1549245

☐ 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

3/31/2011

Print name

Brian Godfroy

Phone #

617-666-2800

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 #: _____

- ☐ Building Department
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Health Department
- ☐ Other _____

(revised Sept. 2003)