

# CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

## RENEWAL APPLICATION FOR GARAGE LICENSE

FRASER M. WALSH  
20 ASSEMBLY SQUARE DRIVE  
SOMERVILLE MA 02145

LIC #: 2011-073  
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: ☒  
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: TRACER TECHNOLOGIES, INC. TEL: 617-776-6410  
Company Address: 00015 NORTH UNION ST

City: SOMERVILLE State: MA Zip: 02145

Check One: ☐ Individual: ☐ Co: ☒ Corp: ☐ Trust: ☐ Agency ☐ Ship ☐ Gov't Partner Other ☐  
Owner Name: FRASER M. WALSH TEL: 617-776-6410  
Owner Address: 20 ASSEMBLY SQUARE DRIVE

Owner City: SOMERVILLE State: MA Zip: 02145  
FID#: 042470959

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 OPERATIONS \*\*\*\*\*

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 #: 2011-073

FEE: \$500.00

This is to certify: FRASER M. WALSH  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 06/01/1950

Garage situated at: 00015 NORTH UNION ST

Doing business as : TRACER TECHNOLOGIES, INC.

Shall not exceed: 40 Vehicles Outside, not on public ways

in addition the following restrictions apply:

NO VEHICLES ON PREMISES-NO LONGER USED AS A GARAGE-  
OUTDOOR PARKING ON SITE.

CITY CLERK'S OFFICE  
SOMERVILLE, MA

2011 APR - 4 A 9:44

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

Check One: ☒ Owner ☐ Occupant ☐ Holder

Signature of Applicant

20 Assembly Sq. Dr

Address

Somerville MA 02145

City State Zip

\*\* Office Use Only \*\*

Mailed ☐

Taken ☐

Received: \_\_\_\_\_

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.

Trus Technologies Inc.  
\* Signature of Individual or Corporate Name (Mandatory)

James W. M. Pundak  
By: Corporate Officer (Mandatory, if a corporation)

04-2470959  
\*\* 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: ECO, LLC

Address of taxpayer/applicant's business in Somerville: 20 Assembly Sq. Dr.

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: (617) 776-6412 evening: \_\_\_\_\_

I, (print name) FRASER WALSH, 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 28 day of MARCH, 20 11. [Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input checked="" type="checkbox"/> Real Estate 23702095	<input type="checkbox"/> Water/Sewer 144074001	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# 02085037	# 102050001	# _____	# _____
	102049011		

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

**Received**  
3-29-11



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: TRACER Technologies Inc.  
address: 20 Assembly Sq. Drive  
city: Somerville state: MA zip: 02145 phone # 617-776-6410

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 107 employees (full & part time). ☒ Other manufacture  
☒ I am an employer providing workers' compensation for my employees working on this job.

company name: Tracer Technologies Inc.  
address: 20 Assembly Sq. Dr.  
city: Somerville MA 02145 phone #: 617-776-6410  
insurance co. ACE USA policy # C46389980

☐ 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 Raisin O'Hara Date 3/28/4  
Print name Raisin O'HARA Phone # 617-776-6410

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 \_\_\_\_\_