



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2016 MAR -9 A 10:29

Application to Renew Garage License

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

License #: BL15-000934
File #: 15-483
Fee: 605

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: PMD GROUP LLC Business Location: 385 BROADWAY Business Phone: 617-625-5600	
License Holder: PMD GROUP LLC P.O.BOX 207 2 ALPINE STREET SOMERVILLE MA 02143	
Mailing Address: PMD GROUP LLC P.O.BOX 207 2 ALPINE STREET SOMERVILLE MA 02143	
Business Type: LLC PETER DUPUIS MICHAEL DUPUIS	
FID: 201553437	
Emergency Contact: PETER DUPUIS Phone: 617-625-8255	
Proposed Hours of Operation if outside standard hours: MO-SA 7AM-6PM # of Vehicles Kept Inside: 150 # of Vehicles Kept Outside: 0 Open to the public? No Mechanical repairs? No Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? Yes Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	

I hereby certify under the penalties of perjury that the following is true:
-All information shown above is true and accurate.



City of Somerville, Massachusetts
Finance Department, Treasury Division

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 24th day of February, 20 14. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

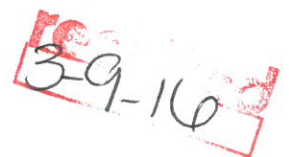
☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

2424 # 661035001 # _____ # ✓

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



Workers' Compensation Insurance Affidavit - General Business

<input type="checkbox"/> I am an employer with _____ employees (full and/or part time). <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.	Business Type: <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant/Bar/Eating Establishment <input checked="" type="checkbox"/> Office and/or Sales (real estate, auto, etc.) <input type="checkbox"/> Nonprofit <input type="checkbox"/> Entertainment <input type="checkbox"/> Manufacturing <input type="checkbox"/> Health Care <input type="checkbox"/> Other _____ </div>
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Insurance Company Name:	A.I.M. MUTUAL INSURANCE COMPANY		
Address:	P.O. BOX 4070 -54 THIRD AVENUE		
City:	BURLINGTON,	State:	MA
		Zip:	01803
		Phone #:	781-221-1600
Policy #:	VWC-100-6010287-2016A		Expiration Date:
			3-30-17

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.

Signature: Peter A. Dupuis Jr. Date: 2/24/16
Print Name: PETER A. DUPUIS JR.

City or Town: _____ **Permit/License #:** _____

☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____

Contact Person: _____ **Phone #:** _____