



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW GARAGE LICENSE

GOODYEAR TIRE & RUBBER CO., INC.
D/704, ATTN: LARRY ROBERT
200 INNOVATION WAY
AKRON, OH 44316

Larry Robert

License #: 590
City #G222
Fee: 550.00
Account ID: 478
Reference #: 590

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: GOODYEAR AUTO SERVICE CENTER Business Location: 1 BOW ST Business Phone: 617-628-7800	
License Holder: GOODYEAR TIRE & RUBBER CO., INC. D/704, ATTN: LARRY ROBERT 200 INNOVATION WAY AKRON, OH 44316 617-628-7800	
Mailing Address: GOODYEAR TIRE & RUBBER CO., INC. D/704, ATTN: LARRY ROBERT 200 INNOVATION WAY AKRON, OH 44316	
Business Type: CORPORATION (INC. LLC) SECRETARY - DAVID BIALOSKY PRESIDENT - RICHARD KRAMER TREASURER - SCOTT HONNOLD	
FID: 340253240	
Food Manager/Emergency Contact: TYRONE LEE 774-306-2324	

2014 MAR 13 P 12:57
CITY CLERK'S OFFICE
SOMERVILLE, MA

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-SA 7AM-7PM, SU 11AM-5PM**

OPEN TO THE PUBLIC

- 1 MECHANICAL REPAIRS
- 6 VEHICLES INSIDE

Description of Location and/or Other Conditions:

Originally Issued 12/14/2000. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

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 BOARD OF ALDERMEN.

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

Signature: *Larry Robert* Date: 3-5-14
Print Name: Larry Robert Phone: 330-796-7860



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Goodyear Auto Service Center

Address of taxpayer/applicant's business in Somerville: 1 Bow Street Somerville, MA 02143

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

Taxpayer/applicant's phone: day: 617-628-7800 evening: _____

I, (print name) Larry Robert, 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 5 day of

March, 20 14. Larry Robert
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 3-13-14 INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

_____ # 12305700 # 58 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

RECEIVED
[Signature]
3-13-14

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: Goodyear Auto Service Center
Address: 1 Bow Street
City: Somerville State: MA Zip: 02143 Phone #: 617-628-7800

- I am an employer with 8 employees (full and/or part time).
 I am a sole proprietor or partnership and have no employees.
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
 We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type: Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: SEE ATTACHED
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

Applicant certification:

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: Larry Robert Date: 3-5-14

Print Name: Larry Robert

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____

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

SEARCH

INSURANCE VERIFICATION 

- Property
- Auto Liability
- General/Product Liability
- Workers's Comp
- Terms and Conditions

Worker's Compensation Insurance - U.S.

Viewing of this screen presumes that you have read and understand the Terms & Conditions, if you have not, please do so now.

Insurer **Company A:**
Liberty Mutual Insurance Company

Insured Goodyear and its subsidiary companies including The Kelly-Springfield
Tire Company, Goodyear Dunlop Tires North America, LTD and
Wingfoot Commercial Tire Systems, LLC

Limits W/C Statutory

Policy Period 1/1/14 - 1/1/15

Policy Number(s)	Policy Territory
WA7-C8D-004151-054	All Other States
WA7-C8D-004151-104	OR, WI
WC7-C81-004151-064	MN



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