

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

NSTAR ELECTRIC & GAS CORP.
800 BOYLSTON ST., SUM SE 200
BOSTON MA 02199

LIC #: 2011-235
B.O.A.# 179941

*** 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 \$~~550~~- 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: NSTAR ELECTRIC & GAS CORP. TEL: 617-369-5497
Company Address: 00181 MCGRATH HWY

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual:___ Co:___ Corp: X Trust:___ Agency___ Ship___ Other___
Owner Name: NSTAR ELECTRIC & GAS CORP. TEL: 617-369-5497
Owner Address: 800 BOYLSTON ST., SUM SE 200

Owner City: BOSTON State: MA Zip: 02199
FID#: 043501423

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 #: 2011-235

FEE: \$~~550~~.00

This is to certify: NSTAR ELECTRIC & GAS CORP.
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 12/08/2005

Garage situated at: 00181 MCGRATH HWY
Doing business as : NSTAR ELECTRIC & GAS CORP.
Shall not exceed: 20 Vehicles Inside
in addition the following restrictions apply:

APPROVED WITH CONDITIONS STORAGE ONLY, 20 AUTO MAX.

2012 FEB 13 P. 1.57
CITY CLERK'S OFFICE

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

Check One: Owner___ Occupant___ Holder___

[Signature]
Signature of Applicant

101 LINWAN

Address

Somerville MA 02143
City State Zip

** Office Use Only **

Mailed

Taken

Received: 2-13-12 \$ 550-CR 2778

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.

NSTAR Electric & Gas Corporation
* Signature of Individual or Corporate Name (Mandatory)

R. Weaver Jr
By: Corporate Officer (Mandatory, if a corporation)

04-3501423
** 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

1. Exact name of taxpayer/applicant's business: NOTAR Electric & Gas Corporation
2. Address of taxpayer/applicant's business in Somerville: 181 McGrath Highway
3. Address of taxpayer/applicant's home in Somerville: N/A
4. Taxpayer/applicant's phone: day: 617-424-2000 evening: _____

I, Robert J. Weaver 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 26 day of

January ~~17th~~, 2012 [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: _____
20675075 # 145050001 # _____
9603

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



RECEIVED

4-2-12-12



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information 181 McGrath Hwy - Somerville Please Print Legibly

Business/Organization Name: NSTAR Electric & Gas Corporation

Address: 800 Boylston St. SUMSE260

City/State/Zip: Boston, MA 02199 Phone #: 617-424-2000

Are you an employer? Check the appropriate box:

1. ☒ I am a employer with 3,100 employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity.
[No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☒ Other Utility Service Company

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

License Insurance Company Name: NSTAR and Its Subsidiaries

Insurer's Address: 800 Boylston St. SUMSE260

City/State/Zip: Boston, MA 02199

Policy # or Self-ins. Lic. # 894 Expiration Date: January 1, 2013

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance 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: 1/18/12

Phone #: 781-441-3638

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

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____