



**CITY OF SOMERVILLE**

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

6019276

Φ

License 428115 -  
3.1.15 \$550.00

428.6370.8

2015 APR -9 A 9:43

**Application to Renew Garage License**

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**MONRO MUFFLER BRAKE INC**  
200 HOLLEDER PARKWAY  
ROCHESTER NY 14615-3808

License #: BL15-000772  
File #: 15-655  
Fee: 550

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: MONRO MUFFLER BRAKE INC Business Location: 223 WASHINGTON ST Business Phone: 617-625-7270	
License Holder: MONRO MUFFLER BRAKE INC 200 HOLLEDER PARKWAY ROCHESTER NY 14615-3808	
Mailing Address: MONRO MUFFLER BRAKE INC 200 HOLLEDER PARKWAY ROCHESTER NY 14615-3808	
Business Type: Corporation JOHN VAN HEEL JOHN VAN HEEL JOHN VAN HEEL	
FID: 160838627	
Emergency Contact: TIM GOSS Phone: 508-304-4691	
Proposed Hours of Operation if outside standard hours: MO-FR 7:30AM-7PM, SA 7AM-4PM # of Vehicles Kept Inside: 4 # of Vehicles Kept Outside: 0 Open to the public? Yes Mechanical repairs? Yes Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? No Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	12

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: X Catherine D'Amico Date: 4/6/15

Printed Name: Catherine D'Amico Phone: 585 647 6400



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Monro Muffler  
Address of taxpayer/applicant's business in Somerville: 223 Washington St  
Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_  
Taxpayer/applicant's phone: day: 585 647 6400 evening: 585 784 3388

I, (print name) C. Anjora, 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 6 day of April, 20 15. Cynthia Anjora  
(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: \_\_\_\_\_  
# 15841      # 119007001      # 1244      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: CB

ORIGINAL STAMP:  UBeraw  
4-9-15

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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Monro Muffler  
Address: 200 Hollister Pkwy  
City: Roch State: Ny Zip: 14615 Phone #: 585 647 6400

- I am an employer with 6546 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 Repair Garage

Workers' compensation insurance information (if applicable):

Insurance Company Name: Travelers Insurance  
Address: 77 Canal View Blvd Ste 100  
City: Roch State: Ny Zip: 14623 Phone #: \_\_\_\_\_  
Policy #: TC200B177D8150 Expiration Date: 4/1/16

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: X Catherine D'Amico Date: 4/6/15  
Print Name: Catherine D'Amico

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 \_\_\_\_\_

(revised Jan. 2008)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/31/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> First Niagara Risk Management, Inc 777 Canal View Blvd, Suite 100  Rochester NY 14623		<b>CONTACT NAME:</b> Teri M. Panipinto <b>PHONE (A/C No. Ext):</b> (585) 546-3747 <b>FAX (A/C. No.):</b> (585) 424-2798 <b>E-MAIL ADDRESS:</b> teri.panipinto@fnrm.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>NAIC #</b>	
		<b>INSURER A:</b> Travelers Property Casualty Co 25674	
		<b>INSURER B:</b> Cincinnati Insurance Company 10677	
		<b>INSURER C:</b> Charter Oak Fire Insurance 25615	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** 15-16 Liability                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>			TC2JGLSA177D8217	4/1/2015	4/1/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 5,000,000
							PRODUCTS - COM/POP AGG \$ 5,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC				\$
A	<b>AUTOMOBILE LIABILITY</b>			TC2JCAP281D1136 Garagekeepers \$1,000,000 Includes Motor Carrier MCS-90 Endorsement Hired Comp & Collision	4/1/2015	4/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
		<input checked="" type="checkbox"/> Garagekeepers					PROPERTY DAMAGE (Per accident) \$
							Compulsory Bodily Injury (MA) \$ 20,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		CCC1154790	4/1/2015	4/1/2016	EACH OCCURRENCE \$ 25,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 25,000,000
	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			TC2OUB177D8150 (ND, WA, WY - ONLY STOP GAP EMPLOYER'S LIABILITY)	4/1/2015	4/1/2016	<input type="checkbox"/> WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Proof of coverage.

<b>CERTIFICATE HOLDER</b>  Monro Muffler Brake, Inc. 200 Holleder Parkway Rochester, NY 14615	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  M Bonetto/TPANIP