

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

DAVID MACLEOD
7 APACHE TRAIL
ARLINGTON MA 02474

LIC #: 2010-083
B.O.A.#

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ___ Auto Body Work: X Parking or Storing Vehicles: ___

Washing Vehicles: ___ Spray Painting: X 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, 2010. 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: MAC'S AUTO BODY, INC. TEL: 617-776-1166
Company Address: 00053 -00055 RUSSELL ST

City: SOMERVILLE State: MA Zip: 02144

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Gov't Partner
Ship ___ Other ___
Owner Name: DAVID MACLEOD TEL: 781-648-5853
Owner Address: 7 APACHE TRAIL

Owner City: ARLINGTON State: MA Zip: 02474
FID#: 042759217

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 04/30/2010, 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 OPEN TO THE PUBLIC --

LICENSE #: 2010-083
FEE: \$500.00

This is to certify: DAVID MACLEOD
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 08/28/1975
Garage situated at: 00053 -00055 RUSSELL ST
Doing business as : MAC'S AUTO BODY, INC.
Shall not exceed: 10 Vehicles Inside & 8 Vehicles Outside, not on public ways
in addition the following restrictions apply:

This renewal certificate must be signed by the holder of the license.
Check One: Owner Occupant ___ Holder ___

David MacLeod
Signature of Applicant
7 Apache Tr.
Address
Arlington Ma 02474
City State Zip

** Office Use Only **
Mailed ___
Taken
Received: 500-00 4/16/10
City Clerk

CITY CLERK'S OFFICE
SOMERVILLE, MA
2010 APR 16 11:17 AM

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.

James Marlow

* Signature of Individual or Corporate Name (Mandatory)

James Marlow

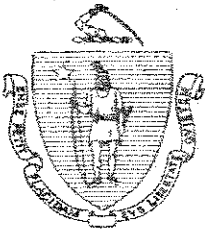
By: Corporate Officer (Mandatory, if a corporation)

042759217

** 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.



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street, 7th Floor
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: David MacLeod
 address: 7 Apache Tr.
 city: Arlington state: Ma zip: 02474 phone #: 781-648-5853
 work site location (full address): 53 Russell St. Somerville Ma 02474
 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 5 employees (full & part time). Other

I am an employer providing workers' compensation for my employees working on this job.
 company name: Mac's Auto Body Inc
 address: 53 Russell St. Somerville Ma 02144
 city: Somerville Ma 02144 phone #: 617-776-1166
 insurance co. Travelers policy # IHUB-210497-609

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 year's 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: David MacLeod Date: 4-16-10
 Print name: David MacLeod Phone #: 617-776-1166

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 #: _____
 Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____
 (revised Sept. 2003)



WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: (IHUB-210Y497-6-09) RENEWAL OF (IEUB-210Y497-6-08)

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA

NCCI CO CODE: 13439

1.

INSURED: MAC'S AUTO BODY, INC. 53 RUSSELL STREET SOMERVILLE MA 02145

PRODUCER: MCSWEENEY & RICCI INS AG PO BOX 850984 BRAINTREE MA 02185

Insured Is A CORPORATION

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 05-11-09 to 05-11-10 12:01 A.M. at the insured's mailing address.

3. A. WORKERS COMPENSATION INSURANCE: Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

MA

B. EMPLOYERS LIABILITY INSURANCE: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Table with 2 columns: Injury Type and Limit. Rows: Bodily Injury by Accident: \$ 100000 Each Accident; Bodily Injury by Disease: \$ 500000 Policy Limit; Bodily Injury by Disease: \$ 100000 Each Employee

C. OTHER STATES INSURANCE: Part Three of the policy applies to the states, if any, listed here:

AL AR AZ CA CD CT DC DE FL GA HI IA ID IL IN KS KY LA MD ME MI MN MD MS MT NC NE NH NJ NM NV NY OK OR PA RI SC SD TN TX UT VA VT WI WV

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made ANNUALLY.



DATE OF ISSUE: 04-03-09 PC OFFICE: BOXBOROUGH 126 PRODUCER: MCSWEENEY & RICCI INS AG

DIRECT BILL GG172

APR 13 2009



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: Mac's Auto Body Inc
- Address of taxpayer/applicant's business in Somerville: 53 Russell St.
- Address of taxpayer/applicant's home in Somerville: _____
- Taxpayer/applicant's phone: day: 617-776-1166 evening: 781-648-5853

I, David MacLeod, 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 16 day of April, 2010. David MacLeod
(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: _____

13482187
 # 32104601
 # 30050599
 # _____

NOTES:

CLERK'S INITIALS: U

ORIGINAL STAMP:

received
4-16-10