



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

CK-6109  
 \$550  
 2013 APR 23 A 8:45

CITY CLERK'S OFFICE  
 SOMERVILLE, MA

**APPLICATION TO RENEW GARAGE LICENSE**

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

License #: 934  
 City #G12  
 Fee: 550.00  
 Account ID: 483  
 Reference #: 934

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: For <b>PMD GROUP LLC</b> Business Location: <b>385 BROADWAY 0COMM</b> Business Phone: <b>617-625-5600</b>	
License Holder: <b>PMD GROUP LLC</b> <b>P.O. BOX 207 2 ALPINE STREET</b> <b>SOMERVILLE, MA 02143</b> <b>617-625-5600</b>	
Mailing Address: <b>PMD GROUP LLC</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - PETER DUPUIS</b> <b>SECRETARY - PETER DUPUIS</b>	
FID: <b>201553437</b>	
Food Manager/Emergency Contact: <b>PETER DUPUIS</b> <b>617-625-8255</b>	

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

Hours: **MO-SA 7AM-6PM**

**NOT OPEN TO THE PUBLIC**

1 STORING VEHICLES  
 150 VEHICLES  
 150 VEHICLES INSIDE

Description of Location and/or Other Conditions:

**Originally Issued 11/12/1931, 4/28/2005 Dupuis Realty Trust Name Changed To PMD Group LLC.**

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:  Date: 4/22/13  
 Print Name: PETER A. DUPUIS JR. Phone: \_\_\_\_\_



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) \_\_\_\_\_, 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 22ND day of  
APRIL, 2013. *Peter Alfano*  
(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: \_\_\_\_\_

# 124031 # 661035001 # \_\_\_\_\_ # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** UR8

**ORIGINAL STAMP:** 

**RECEIVED**  
Barrows  
4-23-13

# Workers' Compensation Insurance Affidavit- General Business

(revised Jan. 2008)