



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

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 Allyn _____

(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: UR

ORIGINAL STAMP:

RECEIVED
Barans
4-23-13

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: PMD GROUP LLC
Address: P.O. BOX 207 - 2 ALPINE STREET
City: SOMERVILLE, State: MA Zip: 02143 Phone #: 617-625-5600

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

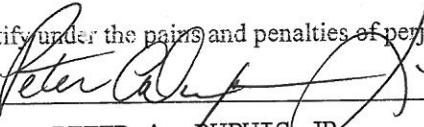
Workers' compensation insurance information (if applicable):

Insurance Company Name: A.I.M. MUTUAL INSURANCE CO.
Address: P.O. BOX 4070
City: BURLINGTON, State: MA Zip: 01803 Phone #: 800-876-4130
Policy #: VWC10060102872013 Expiration Date: 3-30-14

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:  Date: 4/22/13
Print Name: PETER A. DUPUIS, JR.

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

City or Town: _____ Permit/License #: _____

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

Contact Person: _____ Phone #: _____