

CITY OF SOMERVILLE
MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

EASTPORT REAL ESTATE SERVICES/GROVE STREET REALTY
235 BEAR HILL ROAD
WALTHAM MA 02451

LIC #: 2010-193
B.O.A.# 161884

*** 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 \$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: GROVE STREET REALTY TRUST TEL: 617-666-0800
Company Address: 00048 GROVE ST

City: SOMERVILLE State: MA Zip: 02144

Check One: Individual: ___ Co: ___ Corp: ___ Trust: X Agency ___ Gov't Partner Ship Other ___
Owner Name: EASTPORT REAL ESTATE SERVICES/GROVE STREET TEL: 617-666-0800
Owner Address: 235 BEAR HILL ROAD

Owner City: WALTHAM State: MA Zip: 02451
FID#: 042968097

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 #: 2010-193
FEE: \$500.00

This is to certify: EASTPORT REAL ESTATE SERVICES/GROVE STREET REALTY has been licensed by the Mayor and the Aldermen of the City of Somerville. Since 06/24/1997

Garage situated at: 00048 GROVE ST
Doing business as : GROVE STREET REALTY TRUST
Shall not exceed: 20 Vehicles Inside
in addition the following restrictions apply:

CITY CLERK'S OFFICE
SOMERVILLE, MA
2010 JUN 16 P 4: 24

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

[Signature] Managing Agent
Signature of Applicant
235 Bear Hill Rd
Address
Waltham MA 02451
City State Zip

** Office Use Only **
Mailed ___
Taken ✓
Received: 6/16/10 -ms
\$500.00 ck# 7054
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.

Grove Street Realty Trust

* Signature of Individual or Corporate Name (Mandatory)

[Handwritten Signature] Managing Agent

By: Corporate Officer (Mandatory, if a corporation)

04 296 8097

** 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: Grove Street Realty Trust
- 2. Address of taxpayer/applicant's business in Somerville: 48 Grove Street
elo Eastport Real Estate
- 3. Address of taxpayer/applicant's home in Somerville: 235 Bear Hill Rd Waltham MA
- 4. Taxpayer/applicant's phone: day: 781 890 5855 evening: Same

I, Grove St Realty Trust, 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 14 day of June, 2010. [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: _____

02068195 # 661083001 # _____ # _____

NOTES:

CLERK'S INITIALS: @9

ORIGINAL STAMP: **received**
6-16-10

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: Grave Street Realty Trust
Address: 40 Eastport Real Estate 235 Bear Hill Rd
City: Waltham State: MA Zip: 02451 Phone #: 781 890 5857

- I am an employer with 0 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: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

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: [Signature] Date: 6/14/2010
Print Name: Michael Jaffe

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 _____