

APPLICATION FOR AN OUTDOOR PARKING LICENSE

Application Fee \$20.00 per space - \$400.00

Date March 18, 2010

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 3/25/10 - MS
Amount Paid \$400.00 ck# 4615

- New Application
 Renewing Application with Additions or Changes
 Renewing Application with NO Additions or Changes

Business Name: Urban Equity Development Company Phone: (781) 937-9300

Business DBA Name (if applicable): _____

Parking Lot Location: _____

Address with Zip Code: 7-9 and 11-13 Herbert Street, Somerville, MA 02144

Tax Identification Number: 04-2538505 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): Urban Equity Development Company

Address with Zip Code: 331 Montvale Avenue, 5th Floor, Woburn, MA 01801

Property Owner Name: Yvon Cormier Phone: 781-937-9300

Address with Zip Code: c/o R. J. Antonelli, Sr., 331 Montvale Ave., Woburn, MA 01801

Emergency Contact 1: Rocco J. Antonelli, Sr. Phone: (781) 937-9300

Emergency Contact 2: Robert B. Antonelli Phone: (617) 623-0123

Emergency Contact 3: Yvon Cormier Phone: (781) 272-5024

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Yvon Cormier, General Partner

Address with Zip Code: 3 Crenshaw Lane, Andover, MA 01810

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

CITY CLERK'S OFFICE
SOMERVILLE, MA
2010 MAR 25 1 P 1:34

Square Footage of the Space to be Used for Parking: 6,000 Square Feet.

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: *R. J. Antonelli* Date: 3-23-10

Print Name: Rocco J. Antonelli, Sr., General Manager Phone: (781) 937-9300

FOR NEW OR EXPANDING APPLICANTS ONLY:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a _____ Zone.

- The use is permitted as of right
- The use requires a special permit
- The use is prohibited

Maximum number of motor vehicles to be kept on the premises: _____

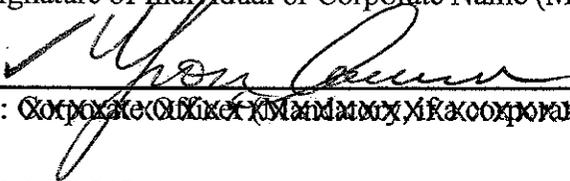
Signature: _____ Title _____ Date: _____

**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.

Urban Equity Development Company, a Massachusetts Limited Partnership

*Signature of Individual or Corporate Name (Mandatory)



By: ~~Corporate Officer (Mandatory, if a corporation)~~ Yvon Cormier, General Partner

04-2538505

~~XXXXXX~~ 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

Exact name of taxpayer/applicant's business: Yvon Cormier, General Partner
Urban Equity Development Company
3 Crenshaw Lane, Andover, MA 01810

Address of taxpayer/applicant's business in Somerville: Yvon Cormier
55 Day St; 58 Day St; 7-13 Herbert St; 256, 270 and 278 Elm St, Somerville, MA 02144

Address of taxpayer/applicant's home in Somerville: (Not Applicable)

Taxpayer/applicant's phone: day: (781) 937-9300 evening: (617) 623-0123

I, (print name) Yvon Cormier, 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 25 day of March, 2010. Yvon Cormier
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate # 21684067 Water/Sewer # 32204FOU1 Personal Property # _____ Other: _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received
UB

3-25-10

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: Urban Equity Development Company

Address: 3 Crenshaw Lane

City: Andover State: MA Zip: 01810 Phone #: (781) 937-9300

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

Workers' compensation insurance information (if applicable):

Insurance Company Name: (SEE ATTACHED - MANAGEMENT COMPANIES HAVE WORKER'S COMPENSATION INSURANCE)

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: *Yvon Cormier* Date: 3/25/10

Print Name: Yvon Cormier, General Partner (781) 937-9300

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

City or Town: _____ Permit/License #: _____

	<input type="checkbox"/> Board of Health <input type="checkbox"/> Building Department <input type="checkbox"/> City/Town Clerk <input type="checkbox"/> Licensing Board <input type="checkbox"/> Selectmen's Office <input type="checkbox"/> Other _____
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Contact Person: _____ Phone #: _____

(revised Jan. 2008)

WORKERS' COMPENSATION INSURANCE INFORMATION:

Management Company Name: **Yvon Cormier Construction Corp.**

Address: **3 Crenshaw Lane**

City: **Andover** State: **MA** Zip: **01810** Phone #: **(781) 937-9300**

Insurance Company Name: **American International Group/Chartis**

Address: **70 Pine Street**

City: **New York** State: **NY** Zip: **10270-0002** Phone #: **212-770-7000**

Policy #: **WC 6786783** Expiration Date: **May 11, 2010**

Management Company Name: **R. J. Antonelli and Company, Incorporated**

Address: **331 Montvale Avenue, 5th Floor**

City: **Woburn** State: **MA** Zip: **01801** Phone #: **(781) 937-9300**

Insurance Company Name: **Hartford Underwriter's Insurance Company**

Address: **690 Asylum Avenue, Hartford Plaza**

City: **Hartford** State: **CT** Zip: **06115-3845** Phone #: **860-547-5000**

Policy #: **08-WBC BW1213** Expiration Date: **December 23, 2010**
