

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

DAVID APOSHIAN - TRUSTEE
P.O. BOX 436
SOMERVILLE MA 02143

LIC #: 2010-226
B.O.A.# 175100

*** 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: SOMERVILLE HOUSING GROUP TRUST III TEL: _____
Company Address: 00481 COLUMBIA ST (MUNREG)

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: ___ Trust: X Agency ___ Gov't Partner
Ship Other _____
Owner Name: DAVID APOSHIAN - TRUSTEE TEL: 617-629-3014
Owner Address: P.O. BOX 436

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 043548614

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 #: 2010-226
FEE: \$500.00

This is to certify: DAVID APOSHIAN - TRUSTEE
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 09/25/2003

Garage situated at: 00481 COLUMBIA ST (MUNREG)
Doing business as : SOMERVILLE HOUSING GROUP TRUST III
Shall not exceed: 252 Vehicles Inside
in addition the following restrictions apply:
APPROVED WITH CONDITIONS SUBJECT TO ISD APPROVAL.

CITY CLERK'S OFFICE
2010 APR 15 P 3:03

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

David Aposhian
Signature of Applicant
PO Box 436
Address
Somerville MA 02143
City State Zip

** Office Use Only **
Mailed _____
Taken _____
Received: CK 2336
\$500-
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.

Somerus LLC Housing Group III

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

04-2548614

** 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
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: David Aposhian
Address: P.O. Box 436
City: Somerville State: MA Zip: 02143 Phone #: 617 629 3014

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

Workers' compensation insurance information (if applicable):

Insurance Company Name: CNA Insurance
Address: 2420 Lake Mont Ave
City: ORLANDO State: FLA Zip: 32802 Phone #: 800 832 7835
Policy #: 0331M852 UB Expiration Date: 9-25-10

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: 1/14/10
Print Name: David Aposhian

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 _____

(revised Jan. 2008)



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING *Beacon Truck Estate*

- Exact name of taxpayer/applicant's business: Somerville Housing Group III
- Address of taxpayer/applicant's business in Somerville: 481 Columbia St, Somerville, MA
- Address of taxpayer/applicant's home in Somerville: PO Box 436
- Taxpayer/applicant's phone: day: 617 629 3019 evening: _____

I, David Apashian, 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 April, 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: _____

89000237 # 124045001 # _____

NOTES:

CLERK'S INITIALS: u

ORIGINAL STAMP:

received
4-13-10