



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

Application to Renew Used Car Dealer License

JAMES DAVIDIAN
345 THOREAU ST
CONCORD MA 01742

License #: BL15-000035
File #: 15-38
Fee: 550

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: UNION GULF SERVICE LLC Business Location: 231 WASHINGTON ST Business Phone: 978-371-0968 <i>= HOME PHONE</i>	<i>BUSINESS PHONE 617 623 9294</i>
License Holder: JAMES DAVIDIAN 345 THOREAU ST CONCORD MA 01742	
Mailing Address: JAMES DAVIDIAN 345 THOREAU ST CONCORD MA 01742	
Business Type: Corporation GREGORY DAVIDIAN JAMES DAVIDIAN	
FID: 450548309	
Emergency Contact: JIM DAVIDIAN Phone: 617-930-9607	
Dealership Class: Class 2 # of Vehicles Kept Inside: 0 # of Vehicles Kept Outside: 6 Proposed Hours of Operation if operating outside standard hours: mo-fr 8 am-6 pm, sa 8 am-2 pm	<i>11/10: HE WILL PAY ANOTHER \$55</i>

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: *[Signature]* Date: 11/2/15

Printed Name: JAMES DAVIDIAN Phone: 617 623 9294

If you have recently submitted your payment, please disregard this billing invoice.



Company#: 0601
Bond/Policy#: 69610280
Billing Date: 10/02/2015
Due Date: 11/04/2015

Premium: \$250

JAMES DAVIDIAN
231 WASHINGTON ST.
SOMERVILLE, MA 02143

Amount Due:	\$250.00
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Company#: 0601
Bond/Policy#: 69610280
Effective Date: 11/04/2015 Anniversary Date: 11/04/2016
Bond amount: \$25,000.00
Name: JAMES DAVIDIAN DBA UNION GULF SERVICE
Description: MA SECOND HAND MOTOR VEHICLE DEALER

Written By: WESTERN SURETY COMPANY

Please pay the amount indicated to CNA Surety immediately if payment has not yet been made. If payment is not received notice of cancellation may be issued. Prompt payment allows us to issue or continue your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: (781)431-2500
Agency Code: 20-17986

**Northstar Insurance
Services, Inc.
300 First Ave., Ste. 100
Needham, MA 02494**

YOU CAN PAY ONLINE BY VISITING ONLINEPAY.CNASURETY.COM

Please detach and return the coupon below with your payment. Please send payment to the address below.
For overnight payments please call 1-888-866-2666.

Amount Due:	\$250.00
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UNION GULF SERVICE, LLC
OPERATING ACCOUNT
231 WASHINGTON ST.
SOMERVILLE, MA 02143-3018

**PAY
TO THE
ORDER OF**

CNA SURATY

DATE 9/26/15

**EZShield™ Check Fraud
Protection for Business**
5-7017/211

Citizens Bank®

DOLLARS

FOR 69610280
2015 Premium

002174 211070175 1308298789

0003001 UZUUF 1086666



617 623 9294

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: UNION GOLF SEAVILLE LLC

Address of taxpayer/applicant's business in Somerville: 231 WASHINGTON ST

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617 623 9294 evening: 617 930 9607

I, (print name) JAMES DAVIDIAN, 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 _____ day of
NOVEMBER, 20 15. [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: _____

15939 # 119007011 # 1255 # ✓

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: 

RECEIVED
11-2-15

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: Union Bulk Service LLC

Address: 231 Washington St

City: Somerville State: MA Zip: 02143 Phone #: 617 623 9299

- | | |
|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: <input type="checkbox"/> Retail |
| <input checked="" type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <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"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input type="checkbox"/> Nonprofit |
| | <input type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Health Care |
| | <input type="checkbox"/> Other _____ |

Workers' compensation insurance information (if applicable):

Insurance Company Name: A/P

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: 11/2/15

Print Name: JAMES DAVIDIAN

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 _____