



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

2016 MAR 17 P 2:54

Application to Renew Livery License

CITY CLERK'S OFFICE
SOMERVILLE, MA

Jean Adrien
121 Temple Street, #3
Somerville MA 02145

License #: BL15-001141
File #: 15-004578
Fee: 165

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: Premium Livery Services Business Location: Business Phone: 781-353-9125 (781-600-3188)	
License Holder: Jean Adrien 320 Broadway 121 Temple Street, #3 Somerville MA 02145 90 Boy 45084	9.0 Boy 320 Somerville MA 45084 02145
Mailing Address: Jean Adrien 121 Temple Street, #3 Somerville MA 02145	
Business Type: Sole Proprietor	
FID: 999999999	
Emergency Contact: Magarette Adrien Phone: 617-386-3893	
Maximum # of Vehicles to be Operated: 1	

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: 3-12-16

Printed Name: _____

Phone: 781-600-3188



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: JEAN ADRIEN
Address of taxpayer/applicant's business in Somerville: 121 TEMPLE ST #3
Address of taxpayer/applicant's home in Somerville: 121 TEMPLE ST #3
Taxpayer/applicant's phone: day: 781-600-3188 evening: _____

I, (print name) JEAN ADRIEN, 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 12 day of
MARCH, 20 16.
(Taxpayer's 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: _____

14984 # 140073001 # ✓

NOTES:

CLERK'S INITIALS: (Signature)

ORIGINAL STAMP:

received
3-17-16

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: JEAN ADRIEN
Address: 121 TEMPLE ST #3
City: Somerville State: MA Zip: 02145 Phone #: 781-6003188

☐ I am an employer with NO 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 LAUNDRY SERVICES

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 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: 3/25/16
Print Name: [Signature]

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 _____