

12 spaces

## APPLICATION FOR AN OUTDOOR PARKING LICENSE

Application Fee \$20.00 per space

Date 3/20/11

FOR CITY CLERK'S OFFICE ONLY

Date Recorded

Amount Paid

\$240.00

2011 APR -4 P 12:2  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name: 534 Central LLC Phone: (617) 212-6932

Applicant's Address (with Zip Code): 11-13 Washington St. Somerville, MA 02143

Applicant's Email Address: avinha@hammondre.com

Applicant's Federal Employer Identification Number: 26-2783368

Business DBA Name (if applicable): \_\_\_\_\_

Business Location (with Zip Code): \_\_\_\_\_

Mailing Name (where we should send correspondence to): 35 Main St suite 1 534 Central LLC

Mailing Address (with Zip Code): 35 Main St suite 1 Wayland MA 01778

Emergency Contact: Jorge Vinha Phone: (617) 212-6932

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: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Secretary's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Treasurer's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Square Footage of the Space to be Used for Parking: 3498 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: [Signature] Date: 3/21/11  
Print Name: Jorge Vinha Phone: (617) 212-6932

### 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.

Jorge Vinha - 534 Central LLC  
\*Signature of Individual or Corporate Name (Mandatory)

Jorge Vinha  
By: Corporate Officer (Mandatory, if a corporation)

26-2783368  
\*\*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**

Exact name of taxpayer/applicant's business: 534 Central LLC

Address of taxpayer/applicant's business in Somerville: 11-13 Washington St.

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

Taxpayer/applicant's phone: day: (617) 212-6932 evening: same

I, (print name) Jorge Vinha, 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** 21 **day of**

March, 2011. Jorge Vinha  
(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: \_\_\_\_\_

# 04239016 # NO ACC # NO ACC # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** G

**ORIGINAL STAMP:**



**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: 534 Central LLC  
Address: 11 Washington St  
City: Somerville State: MA Zip: 01 Phone #: (617) 212-6932

- ☐ 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: \_\_\_\_\_  
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: Jorge Vinha Date: 3/21/11  
Print Name: Jorge Vinha

**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 \_\_\_\_\_