



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2016 MAY 25 P 4: 25

CITY CLERK'S OFFICE
SOMERVILLE, MA

Application to Renew Flammables License

ARIS AUTO INC
675 SOMERVILLE AVE
SOMERVILLE MA 02143

License #: BL15-000848
File #: 15-491
Fee: 605

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: ARIS AUTO INC. Business Location: 3 CRAIGIE ST Business Phone: 617-776-9247 ✓	
License Holder: ARIS AUTO INC 675 SOMERVILLE AVE SOMERVILLE MA 02143 ✓	
Mailing Address: ARIS AUTO INC 675 SOMERVILLE AVE SOMERVILLE MA 02143 ✓	
Business Type: Corporation GEORGE VARELIS GEORGE VARELIS GEORGE VARELIS ✓	
FID: 042831606	
Emergency Contact: GEORGE VARELIS Phone: 781-526-1784	
# of Gallons of Flammables to be Stored: 30244 Describe Flammables to be Stored: Not yet provided. Proposed Hours of Operation: Not yet provided.	

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: 04/05/2016

Printed Name: George Varelis

Phone: 617-776-9247



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: GEORGE VARELIS / APIS A

Address of taxpayer/applicant's business in Somerville: 675 SOMERVILLE AVE, SOMERVILLE

Address of taxpayer/applicant's home in Somerville: 675 SOMERVILLE AVE, SOM

Taxpayer/applicant's phone: day: 617-776-9247 evening: 781-526-1784

I, (print name) George Varelis, 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 05 day of APRIL, 2016. [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: _____

14119 # 249012001 # 1119 # _____

NOTES:

CLERK'S INITIALS: VB

ORIGINAL STAMP:



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: GEORGE VARELIS / ARIS AUTO INC
Name: 675 SOMERVILLE AVE,
Address: ↓ ↑
City: SOMERVILLE **State:** MA **Zip:** 02143 **Phone #:** 617-776-9247
☒ I am an employer with 12 employees (full and/or part time). **Business Type:** ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: NORFOLK AND DEDHAM MUTUAL FIRE INSURANCE
Address: 222 AMES STREET
City: DEDHAM **State:** MA **Zip:** 02026 **Phone #:** 781-431-2500
Policy #: WIE 128546A **Expiration Date:** 07/27/2016

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:** 5/20/16

Print Name: George Varelis

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

City or Town: _____ **Permit/License #:** _____ ☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____

Contact Person: _____ **Phone #:** _____