



**CITY OF SOMERVILLE  
BOARD OF ALDERMEN**  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600

**APPLICATION TO RENEW GARAGE LICENSE**

GROVE STREET REALTY TRUST  
C/O EASTPORT REAL ESTATE  
318 BEAR HILL RD  
WALTHAM, MA 02451

License #: 606  
City #G193  
Fee: 550.00  
Account ID: 495  
Reference #: 606

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: GROVE STREET REALTY TRUST Business Location: 48 GROVE ST Business Phone: 781-890-5855 X123	
License Holder: GROVE STREET REALTY TRUST C/O EASTPORT REAL ESTATE 318 BEAR HILL RD WALTHAM, MA 02451 781-890-5855 X123	
Mailing Address: GROVE STREET REALTY TRUST C/O EASTPORT REAL ESTATE 318 BEAR HILL RD WALTHAM, MA 02451	
Business Type: TRUST TRUSTEE - BARRY KOROBKIN TRUSTEE - WILLIAM KAPLAN	
FID: 042968097	
Food Manager/Emergency Contact: MICHAEL JAFFE 781-389-4230	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: MO-FR 8AM-6PM, SA 8AM-2PM

**OPEN TO THE PUBLIC**

- 1 STORING VEHICLES
- 20 VEHICLES INSIDE

Description of Location and/or Other Conditions:

**Originally Issued 6/24/1997. No Mechanical Repairs. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.**

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: Michael Jaffe as agent for Grove St Realty Trust Date 4/23/14  
Print Name: Michael Jaffe Phone 781 890 5855



**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: Grove Street Realty Trust c/o Eastport Real Estate Services  
 Address: 318 Bear Hill Rd  
 City: Waltham State: MA Zip: 02451 Phone #: 781 890 5855

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 Office Bldg.

**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: [Signature] as agent for Grove Street Realty Trust Date: 4/23/2014  
 Print Name: Michael Jaffe

*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 \_\_\_\_\_