

#500 pd

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

MIRIAN SAMAYOA
73 SUMMER ST
SOMERVILLE MA 02143

LIC #: 2010-231
B.O.A.# 185406

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: Parking or Storing Vehicle:

Washing Vehicles: Spray Painting: Operating a Tow Vehicle:

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
This Certificate must be signed and filed with the required fee of \$500.00 not
later than April 30, 2010. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current
records below. Please print or type your information, except for signature.

Company Name: SAMAY, INC TEL: 617-776-6667
Company Address: 00073 SUMMER

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: Co: Corp: X Trust: Agency Ship Gov't Partner
Owner Name: MIRIAN SAMAYOA TEL: 508-241-6887
Owner Address: 73 SUMMER ST

Owner City: SOMERVILLE State: MA Zip: 02143

FID#: 261752423

This renewal is being sent to you as a courtesy, please file on time. If this
renewal is not returned to City Clerk's office by 04/30/2010, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-06:30 PM
SUNDAY: CLOSED

Very truly yours,

John L. ...
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE # 2010-231
\$500.00

This is to certify: MIRIAN SAMAYOA
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 02/17/2005

Garage situated at: 00073 SUMMER
Doing business as : SAMAY, INC

Shall not exceed: 2 Vehicles Inside & 10 Vehicles Outside, not on public ways
in addition the following restrictions apply:

- 1. All vehicles shall be serviced inside the building and not on any pub
lic or private way. 2. All vehicles shall be stored within property lin
es. 3. Parking-no blocking of the sidewalk or any public way, including d
uring snow removal periods 4. Parking no vehicles are to be parked along
Summer St. or School St.

APPROVED FOR 10 VEHICLES AND 2 ZIP CARS

This renewal certificate must be signed by the holder of the license.

Check One: Owner Occupant Holder

Signature of Applicant

Address

City State Zip

** Office Use Only **

Mailed _____
Taken _____

Received: _____

City Clerk

2010 JUN -8
CITY CLERK'S
SOMERVILLE

2010 JUN 18
CITY CLERK'S OFFICE
SOMERVILLE MA

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.

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

** 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.

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: Samay: Inc d/b/a Somerville Gas
 Address: 73 Sommer Street, Somerville MA 02143
 City: Somerville State: MA Zip: 02143 Phone #: 617 776-6667

- I am an employer with 2 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: PHIL RICHARD & ASSOC INS
 Address: 491 MAPLE ST
 City: DANVERS, State: MA Zip: 01923 Phone #: 1-800-643-2465
 Policy #: 1-690-2162 P878-ACJ-09 Expiration Date: 10-30-2010

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: Miriam Samayoa Date: MAY 12-2010
 Print Name: MIRIAM SAMAYOA

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



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: Samay, Inc. d/b/a Somerville G
2. Address of taxpayer/applicant's business in Somerville: 73 Summer St Somerville MA 0214
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: 617-726-6627 evening: 508-241-6887

I, Miriam Samayoa President 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 May 12-2010 day of _____, 20_____.
(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: _____

01025100 # 24807001 # N/A # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received
UB
6-7-10