

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

ALL RITE COLLISION LL/ALEC ARZUMANYAN
385 GREAT ROAD
BEDFORD MA 01730

LIC #: 2012-155
B.O.A.# 189834

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: X Parking or Storing Vehicles: ___

Washing Vehicles: X Spray Painting: X 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 \$550.00 not
later than April 30, 2012. 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: ALL RITE COLLISION, LLC TEL: 617-868-8580
Company Address: 00038 -00042 MEDFORD ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Ship ___ Other ___
Gov't Partner
Owner Name: ALL RITE COLLISION LL/ALEC ARZUMANYAN TEL: 781-316-5342
Owner Address: 385 GREAT ROAD

Owner City: BEDFORD State: MA Zip: 01730
FID#: 272840847

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 04/30/2012, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-05:00 PM
SATURDAY: 00:00 AM-00:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC -- LICENSE #: 2012-155
FEE: \$550.00

This is to certify: ALL RITE COLLISION LL/ALEC ARZUMANYAN
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 05/24/1990

Garage situated at: 00038 -00042 MEDFORD ST
Doing business as : ALL RITE COLLISION, LLC
Shall not exceed: 4 Vehicles Inside & 6 Vehicles Outside, not on public ways
in addition the following restrictions apply:
TRANSFERRED JULY 8, 2010 BOA #189834

2012 MAR 29 A 11:11
CITY CLERK'S OFFICE
385 GREAT ROAD

This renewal certificate must be signed by the holder of the license
Check One: Owner X Occupant ___ Holder ___

Signature of Applicant
385 Great Rd
Address
Bedford MA 01731
City State Zip

** Office Use Only **
Mailed ___
Taken [check]
Received: 3/29/12 - MS
\$550.00 ck # 1164
City Clerk

IMPORTANT

615
LIC 932

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: All-Rite Auto
 Somerville Address and Zip Code: 38-42 Medford St Somerville 02143
 Phone Number of the Business: 617 868 8580

The Legal Name of the License Holder: Alec Arzumanyan / All Rite Collision
 Street Address of the License Holder: 385 Great Rd Bedford, MA 01730
 City, State and Zip Code of the License Holder: Bedford, MA 01730
 Phone Number of the License Holder: (781) 316-5342
 Email Address of the License Holder: allriteautobody@gmail.com

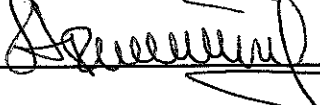
Where We Should Send Mail: Name: All-Rite Auto / ALEC ARZUMANYAN
 Street Address: 38-42 Medford St.
 City, State and Zip Code: Somerville, MA 02143
 Email: allriteautobody@gmail.com
 Phone Number: 617 868 8580

Federal ID # (Do Not Give a Social Security #): 272 840 847

Emergency Contact and Phone (For Fire Dept. Use): 781 316 5342

Type of Business (Check Only One and Give the Names Indicated):
 Sole Proprietor: Name of Owner: _____
 Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
 Trust: Names of All Trustees Who Own More Than 10%: _____
 Corporation (inc. LLC): Name of President: Alec Arzumanyan
 Name of Secretary: _____
 Name of Treasurer: _____
 Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
 -I have filed all State tax returns and paid all State taxes required by law for this business.

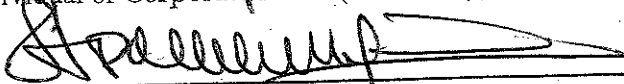
License Holder Signature:  Date 03.20.2012

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)

272 840 847

** 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: All Rite Collision LLC

Address of taxpayer/applicant's business in Somerville: 36-40 Medford St

Address of taxpayer/applicant's home in Somerville: n/a

Taxpayer/applicant's phone: day: 617 868 8580 evening: _____

I, (print name) Alec Arzumanyan, 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, 2012.
[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: _____
9721 # 14503600 # 849 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED
[Signature]
3-29-12



The Commonwealth of Massachusetts

Department of Industrial Accidents

Office of Investigations

600 Washington Street, 7th Floor

Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: ALL-RITE COLLISION LLC

address: 38-42 MEDFORD ST

city: SOMERVILLE state: MA zip: 01943 phone #

work site location (full address):

I am a sole proprietor and have no one working in any capacity. Business Type: Retail Restaurant/Bar/Eating Establishment Office Sales (including Real Estate, Autos etc.)

I am an employer with employees (full & part time). Other

I am an employer providing workers' compensation for my employees working on this job.

company name: THE HARTFORD

address: 2420 LAKEMONT AVE SUITE 100

city: ORLANDO FL 32814 phone #: 800-453-9843

insurance co: THE HARTFORD policy #: 4203 POB-3-11

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name:

address:

city: phone #:

insurance co. policy #

company name:

address:

city: phone #:

insurance co. policy #

Attach additional sheet if necessary

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 year's 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: 03.20.2012

Print name: Phone #:

official use only do not write in this area to be completed by city or town official

city or town: permit/license # Building Department

check if immediate response is required Licensing Board

contact person: phone #: Health Department

(revised Sept. 2003) Other