



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

2016 MAR - 8 P 1.44

**Application to Renew Flammables License**

**UNION GULF SERVICE, LLC**  
**231 WASHINGTON ST**  
**SOMERVILLE MA 02143**

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**License #:** BL15-000845  
**File #:** 15-38  
**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)
<b>Business/DBA Name:</b> UNION GULF SERVICE LLC <b>Business Location:</b> 231 WASHINGTON ST <b>Business Phone:</b> 617-623-9294	
<b>License Holder:</b> UNION GULF SERVICE, LLC 231 WASHINGTON ST SOMERVILLE MA 02143	
<b>Mailing Address:</b> JAMES DAVIDIAN 345 THOREAU ST CONCORD MA 01742	
<b>Business Type:</b> LLC GREGORY DAVIDIAN JAMES DAVIDIAN	
<b>FID:</b> 450548309	
<b>Emergency Contact:</b> JIM DAVIDIAN <b>Phone:</b> 617-930-9607	
<b># of Gallons of Flammables to be Stored:</b> 18600 <b>Describe Flammables to be Stored:</b> Not yet provided. <b>Proposed Hours of Operation:</b> 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: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: UNION GOLF SERVICE LLC

Address of taxpayer/applicant's business in Somerville: 231 WASHINGTON ST

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

Taxpayer/applicant's phone: day: 617 239 2294 evening: 617 930 9607

I, (print name) James Donovan, 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 8 day of

March, 20 16. [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: \_\_\_\_\_

# 15939 # 119007011 # 1255 # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** URS

**ORIGINAL STAMP:**

**received**  
UBanner  
3-8-16

**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: UNION GOLF SERVICE  
Address: 237 WASHINGTON ST  
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617 623 9299  
☐ 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: \_\_\_\_\_ Date: 3/8/16  
Print Name: JAMES DAVIDIAN

*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 \_\_\_\_\_