



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

Application to Renew Outdoor Parking License

**534 CENTRAL LLC
 35 MAIN ST #1
 WAYLAND MA 01778**

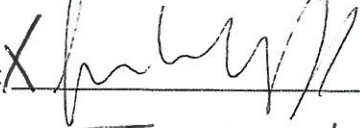
License #: BL15-000120
File #: 15-130
Fee: 240

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: 534 CENTRAL LLC Business Location: 11 WASHINGTON ST Business Phone: 617-212-6932	
License Holder: 534 CENTRAL LLC 35 MAIN ST #1 WAYLAND MA 01778	
Mailing Address: 534 CENTRAL LLC 35 MAIN ST #1 WAYLAND MA 01778	
Business Type: Corporation JORGE VINHA JORGE VINHA JORGE VINHA	
FID: 262783368	
Emergency Contact: JORGE VINHA Phone: 617-212-6932	
# Vehicles to be Stored: 12	

CITY CLERK'S OFFICE
 SOMERVILLE, MA
 2015 APR 15 PM 12:40

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: 4/6/15

Printed Name: Jorge Vinha Phone: (617) 212-6932



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: 534 Central St. LLC

Address of taxpayer/applicant's business in Somerville: 11 Washington St

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

Taxpayer/applicant's phone: day: (617) 212-6932 evening: (617) 212-6932

I, (print name) Jorge Vinha, 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 6th day of April, 2015. X [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

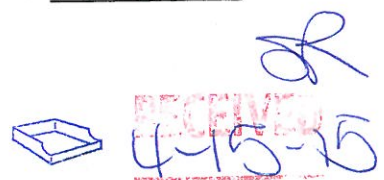
Real Estate Water/Sewer Personal Property Other: _____

15802 # NA. # _____ # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



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: 534 Central LLC
 Address: 35 Main St
 City: Wayland State: MA Zip: 01778 Phone #: (617) 212-6932

- | | |
|---|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input checked="" type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input type="checkbox"/> Nonprofit |
| | <input type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Health Care |
| | <input type="checkbox"/> 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: [Signature] Date: 4/6/15
 Print Name: Jorge Vinha

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 #: _____

<input type="checkbox"/>	Board of Health
<input type="checkbox"/>	Building Department
<input type="checkbox"/>	City/Town Clerk
<input type="checkbox"/>	Licensing Board
<input type="checkbox"/>	Selectmen's Office
<input type="checkbox"/>	Other _____