

IMPORTANT

#130
REF 120

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 you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Outdoor Parking
License Number: #191157
Business Name: 534 Central LLC
Location: 11-13 Washington St
Spaces: 12
Special Conditions (if any):

Renewal Fee (Return with this application): \$20 per Space

PLEASE FILL IN ALL SIX BOXES BELOW:

2012 APR -5 P 3:36
CITY CLERK'S OFFICE
SOMERVILLE MA

The DBA Name of the Business:	534 Central LLC
Somerville Address and Zip Code:	10 Washington St
Phone Number of the Business:	(617) 212-6932

The Legal Name of the License Holder:	534 Central St
Street Address of the License Holder:	35 Main St Suite 1
City, State and Zip Code of the License Holder:	Wayland MA 01778
Phone Number of the License Holder:	(617) 212-6932
Email Address of the License Holder:	evinha@msn.com

Where We Should Send Mail: Name:	534 Central LLC
Street Address:	35 Main St suite 1
City, State and Zip Code:	Wayland MA 01778
Email:	evinha@msn.com
Phone Number:	(617) 212-6932

Federal ID # (Do Not Give a Social Security #):	26-2783368
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Emergency Contact and Phone (For Fire Dept. Use):	(617) 212-6932
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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: Jorge Luis Vinha

Name of Secretary: _____

Name of Treasurer: _____

Other (Attach a Description of the Form of Ownership and the Names of Owners)

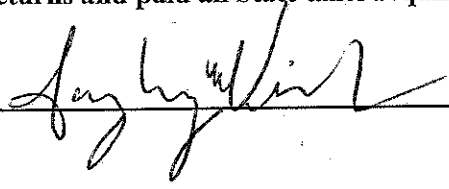
ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:

-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 _____

3/31/12

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

N/A

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

- 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: _____

Print Name: _____

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

- Board of Health
- Building Department
- City/Town Clerk
- Licensing Board
- Selectmen's Office
- Other _____

Contact Person: _____ Phone #: _____



191157

CITY OF SOMERVILLE
Commonwealth of Massachusetts

Outdoor Parking

License Expires 4/30/2012

This is to certify that **534 Central LLC, dba 534 Central LLC, 11-13 Washington St,**

has been granted a/an **Outdoor Parking** license in the City of Somerville at the above-listed address only (if an address is listed).

This license is issued subject to the provisions of the General Laws of the Commonwealth, and of all ordinances, regulations or conditions of the Board of Aldermen, including but not limited to any listed below.

Hours:

Spaces: **12**

Specific Conditions:

Attest:

John J. Long
City Clerk

This license must be posted in a conspicuous place on the premises.



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

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

Address of taxpayer/applicant's business in Somerville: 10 Washington St.

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

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

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 3rd day of April, 2012. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____


TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>15446</u>	# <u>/</u>	# <u>/</u>	# _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

 **RECEIVED**
UB
4-5-12