

NOTE: COMPLETE FORM AND FOWARD WITH FEE TO CITY CLERK' OFFICE.
DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFTY.

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION
1010 COMMONWEALTH AVE. BOSTON

RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE

In accordance with the provisions of Chapter 148, Section 13, of the
General Laws, the undersigned hereby certifies that:

JAMES DAVIDIAN
345 THOREAU STREET
CONCORD MA 01742 4444

Lic#: F-2011-148
B.O.A.#:
Fee: \$550 -

Restricted to: 18,600 Gallons Total

Restricted as follows;

AMENDED 01/14/32, 06/09/55 4/25/91 ADD'L 6,000 GALS. GAS.WITH RESERIC.
16,000 GALS. GASOLINE 180 GALS. MOTOR OIL
600 GALS. LUB OIL 100 GALS. GREASE
220 GALS. KEROSENE 170 GALS. ANTI-FREEZE
120 GALS. ALCOHOL 30 GALS. GREASE
650 GALS. FUEL OIL 30 GA

Is the holder of the license originally granted 01/27/1927
for the lawful use of the building (s) or other structure (s) situated or
to be situated at 00231 WASHINGTON ST
as related to the KEEPING, STORAGE, MANUFACTURE, OR SALE OF FLAMMABLES OR
EXPLOSIVES. City of Somerville.

Note: This Certificate of Registration must be signed by the holder of the
license if said license was granted prior to July 1, 1936, otherwise by the
owner or occupant of the land licensed.

KINDLY CORRECT ANY ERRORS LISTED ON OUR CURRENT RECORDS ABOVE,
AND COMPLETE THE LOWER SECTION OF THIS RENEWAL APPLICATION.

Company Name: UNION GULF SERVICE, LLC TEL: 617-623-9294
Company Address: 00231 WASHINGTON ST


City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: Co: Corp: Trust: Agency Ship Gov't Partner
Other

Owner Name: JAMES DAVIDIAN TEL:
Owner Address: 345 THOREAU STREET

Owner City: CONCORD State: MA Zip: 01742
FID#: 028167013

This Application must be signed and filed with the required fee no later than
April 30, 2011. The responsibility for filing on time is yours.
If the renewal application is not returned to the City Clerk's office by
04/30/2011 please advise this office at once.
This renewal application must be signed by the holder of the license.
Check One: Owner Occupant Holder


Signature of Applicant
345 THOREAU ST
Address

CONCORD MA 01742
City State Zip

** Office Use Only **
Mailed
Taken
Received: 1/12/12 - MS
\$550.00 ck# 1425
City Clerk

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.

UNION CORP SERVICES
* Signature of Individual or Corporate Name (Mandatory)

James D. [Signature]
By: Corporate Officer (Mandatory, if a corporation)

450 548 309
** 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

- 1. Exact name of taxpayer/applicant's business: UNION GOLF SERVICE
- 2. Address of taxpayer/applicant's business in Somerville: 231 WASHINGTON ST
- 3. Address of taxpayer/applicant's home in Somerville: _____
- 4. Taxpayer/applicant's phone: day: 617 623 9294 evening: 617 933 9607

I, JAMES NAUGHTON, 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 _____ day of

_____, 2011

(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: _____

105065

119007001

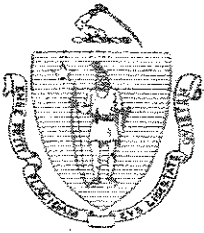
1332
103570

RECEIVED
9-12-12

NOTES:

CLERK'S INITIALS: JB

ORIGINAL STAMP:



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: UNION GOLF SERVICE

address: 231 WASHINGTON ST

city: SOM. state: MA zip: 02143 phone # 6176239294

work site location (full address): 231 WASHINGTON ST SOM. MA 02143

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: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

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 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 1/12/12

Print name JAMES DAVIDIAN Phone # 6176239294

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

city or town: _____ permit/license # _____

check if immediate response is required

- Building Department
- Licensing Board
- Selectmen's Office
- Health Department
- Other

contact person: _____ phone #: _____

(revised Sept. 2003)