



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

2016 APR - 7 A 11: 11

**Application to Renew Outdoor Parking License**

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**URBAN EQUITY DEVELOPMENT COMPANY**  
**3 CRENSHAW LANE**  
**ANDOVER MA 01810**

**License #:** BL15-000936  
**File #:** 15-745  
**Fee:** 1750

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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES: (Note below or explain on a separate sheet)</b>
<b>Business/DBA Name:</b> DAY/DOVER PARKING LLC <b>Business Location:</b> 55 DAY ST <b>Business Phone:</b> 978-470-0189	
<b>License Holder:</b> URBAN EQUITY DEVELOPMENT COMPANY 3 CRENSHAW LANE ANDOVER MA 01810	
<b>Mailing Address:</b> URBAN EQUITY DEVELOPMENT COMPANY 3 CRENSHAW LANE ANDOVER MA 01810	
<b>Business Type:</b> LLC URBAN EQUITY DEVELOPMENT COMPANY YVON CORMIER	
<b>FID:</b> 454090222	
<b>Emergency Contact:</b> LEO ROY <b>Phone:</b> 508-423-8600	
<b># Vehicles to be Stored:</b> 70	

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: 3/30/16  
Printed Name: Yvon Cormier Phone: (978) 470-0189



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Day / Dover Parking LLC

Address of taxpayer/applicant's business in Somerville: 55-59 Day St + 108-112 Dover St.

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

Taxpayer/applicant's phone: day: (508) 423-8600 evening: same

I, (print name) Leo Roy, 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, 20 16. Leo Roy  
(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: \_\_\_\_\_

# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: UB

ORIGINAL STAMP:

**Received**  
UB  
4-6-16

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: Day/Dover Parking LLC / Yvon Cormier Constr. Corp.  
Address: 3 Crenshaw Lane  
City: Andover State: MA Zip: 01810 Phone #: (978)470-0189

I am an employer with 20+ 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: Arbella Protection Insur. Co.  
Address: 1100 Crown Colony Dr.  
City: Quincy State: MA Zip: 02169 Phone #: \_\_\_\_\_  
Policy #: 9125550515 Expiration Date: 5/11/15 - 5/11/16

**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: Yvon Cormier Date: 3/30/16  
Print Name: Yvon Cormier

**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 \_\_\_\_\_