



**CITY OF SOMERVILLE
BOARD OF ALDERMEN
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600**

APPLICATION TO RENEW OUTDOOR PARKING LICENSE

**MARTHA LEE TRUST
170 HIGHLAND AVE
SOMERVILLE, MA 02143**

License #: **136**
Fee: **300.00**
Account ID: **144**
Reference #: **136**

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: MARTHA LEE TRUST Business Location: 147 HIGHLAND AVE Business Phone: 617-628-5552	
License Holder: MARTHA LEE TRUST 170 HIGHLAND AVE SOMERVILLE, MA 02143 617-628-5552	
Mailing Address: MARTHA LEE TRUST 170 HIGHLAND AVE SOMERVILLE, MA 02143	
Business Type: TRUST TRUSTEE - MARTHA DITUCCI TRUSTEE - ROBERT DITUCCI	
FID: 999999999	
Food Manager/Emergency Contact: ROBERT DITUCCI 617-628-5552	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

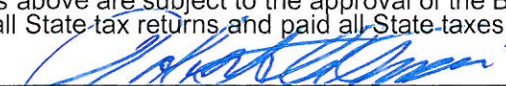
Hours: **NOT APPLICABLE**

15 SPACES

Description of Location and/or Other Conditions:

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: 2/28/14
Print Name: Robert DiTucci Phone: 617-628-5552



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Martha Lee Trust
Address of taxpayer/applicant's business in Somerville: 147 Highland Ave.
Address of taxpayer/applicant's home in Somerville: 170 Highland Ave
Taxpayer/applicant's phone: day: 617-688-5553 evening: _____

I, (print name) Robert O. Turner, 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 _____, 20____. Robert O. Turner
(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: _____

7187 # 229D10001 # N/A # _____

NOTES:

CLERK'S INITIALS: ro

ORIGINAL STAMP: 

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: Robert Detwiler / Mandelba LLC Trust
 Address: 190 Highland Ave
 City: Town State: MA Zip: 02143 Phone #: 617-628-3557

- I am an employer with 0 employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other property owner

Workers' compensation insurance information (if applicable):

Insurance Company Name: N/A
 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: Robert Detwiler Date: 2/28/14
 Print Name: Robert Detwiler

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 _____