

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 **P 3:16**
1010 COMMONWEALTH AVE. BOSTON **2010 APR - 5**

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 Lic#: F-2010-148
345 THOREAU STREET B.O.A.#:
CONCORD MA 01742 4444 Fee: \$500.00

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 RESTRIC.
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 TEL: 617-623-9294
Company Address: 00231 WASHINGTON ST

City: SOMERVILLE State: MA Zip: 02143

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

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, 2010. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by 04/30/2010 please advise this office at once.

This renewal application must be signed by the holder of the license.

Check One: Owner Occupant Holder

James Davidian
Signature of Applicant
345 Thoreau St
Address
Concord MA 01742
City State Zip

** Office Use Only **
Mailed _____
Taken _____
Received: _____
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.



* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

03440 7057

** 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: 6176239294 evening: 9783710968

I, JAMES DAVIDIAN, 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 5 day of

APRIL, 2010. [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: _____

04172070 # 119002011 # 07670001 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: **received**
4-5-10

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: JAMES DAVIDIAN / UNION GOLF SERVICE

Address: 231 WASHINGTON ST

City: SOMMERS State: MA Zip: 01463 Phone #: 617 623 9294

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

Print Name: JAMES DAVIDIAN

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

City or Town: _____ Permit/License #: _____

	<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 _____
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Contact Person: _____ Phone #: _____