## CITY OF SOMERVILLE

MASSACHUSETTS
OFFICE OF THE CITY CLERK
APPLICATION FOR GARAGE LICENSE

RENEWAL APPLICALL			
EASTPORT REAL ESTATE SERVICES/GRO	VE STREET REALTY	LIC #: B.O.A.#	2012-193 161884
WALTHAM MA 02451  *** ENCLOSED IS THE REN		OR YOUR ***	
ALLOWED USES - (CHOOSE ALL THAT	APPLY)	Charles II-lei	·
Mechanical Repair: Auto Body Washing Vehicles: Spray Pain	work: Parking o	r Storing Veni	.cres: <u>x</u>
washing vehicles: spray Path ISSUED IN ACCORDANCE WITH THE APPLICA	DIE PROVISIONS OF	M G I V GRD 9 IOM AGUICIE	;; <u></u> 149 Cog 12
This Certificate must be signed and f			
later than April 30, 2012. Use the e	ralead ervolore	ited tee Ot	\$330.00 1100
Kindly fill in the information correc	ting any errors li	ated on our di	ırrent
Kindly fill in the information correc records below. Please print or type y	rour information e	xcent for sign	ature
Company Name: GROVE STREET REALTY	TRUST	TEL: 617	7-666-0800
Company Address: 00048 GROVE ST	111001		
<u> </u>	•		
City: SOMERVILLE Stat	e: <u>MA</u> Zip: <u>0214</u>	4	
Check One:	•	Gov't Pa	artner
Individual: Co: Corp: Tru	st: <u>X</u> Agency	Ship $\_\_$ Othe	ìr
Owner Name: <u>EASTPORT REAL ESTATE</u>	SERVICES/GROVE ST	<u> REET</u> TEL: <u>617</u>	<u>1-666-0800</u>
Owner Address: 235 BEAR HILL ROAD			
3/8	Chaha Ma	7	<del></del>
Owner City: <u>WALTHAM</u> FID#: <u>042968097</u>	State: <u>MA</u>	Zip: <u>0245</u>	) 1
This renewal is being sent to you as	a courtegy please	file on time	Tf thic
renewal is not returned to City Clerk	's office by 04/30	/2012 please	advise
a circular to recurring to carely carely	. 5 011100 27 01/00	/2012/ Picaso	aavibo.
**** HOURS OF OPERSTIONS ****		Very truly you	ırs,
MONDAY-FRIDAY: 08:00 AM-06:00 PM		1 1 1	
SATURDAY: 08:00 AM-02:00 PM	I		
SUNDAY: CLOSED			
		John J. Long	
		City Clerk	
OUR CURRENT INF			100
GARAGE OPEN TO TH	IE BORFIC FI	CENSE #: 2012-	
This is to certify: EASTPORT REAL EST	יאיים פטסנודרשפ/רסמנד		550.00
has been licensed by the Mayor and th	LAIL SERVICES/GROVE	City of Somery	7ille
Since 06/24/1997	ic midermen or che	crey or bomer	
Garage situated at: 00048 GROVE ST		ym.	
Doing business as : GROVE STREET REAL	TY TRUST		
Shall not exceed: 20 Vehicles Inside			3
in addition the following restriction	s apply:	87 F	3
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		~ <u>5</u> <u> </u>	<b>à</b> 4°
This renewal certificate must be sign	ed by the holder o	f the license	•
Check One: Owner 1 Occupant _			•
Mill The state of		•	
Well offer throughout Agent	** Offic	e Use Only	**
Signature of Applicant		Mailed	
<del>-</del> -		Taken	
308 Bea Hill RZ		Λ <i>à</i>	المراجع المرسسوسين
Address	Received: $6-8-1$	<u> </u>	<u>550.0</u> 0
WOLKER WIM DENE	CK 7		
	<u>UR !</u>	ty Clark	<del></del>
City State Zip	Cl	CA CTETY	

### **IMPORTANT**

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

Γhe	DBA Name of the Business: Grove Street hely Trust
	Somerville Address and Zip Code: 46 Good St. Somewile MA origin
	Phone Number of the Business: 781 890 5655 x 123
The	Legal Name of the License Holder: Gove Strut 2.14 Trut
	Street Address of the License Holder: clo Estport Ral Estate 318 Bear HII R2
	City, State and Zip Code of the License Holder: Walker MA 02451
	Phone Number of the License Holder: 721 890 5855 Y [2]
<u></u>	Email Address of the License Holder: Mieffe @ eastport lelectet.com
	ere We Should Send Mail: Name: Michael J.ffe
	Street Address:
	City, State and Zip Code:
	Email:
	Phone Number:
Fod	eral ID # (Do Not Give a Social Security #): 04 296 3097
reu	Clair D# (DO Not Give a Social Security #):
Em	ergency Contact and Phone (For Fire Dept. Use): Michael Jake 781 389 423
	be 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%:
- 4	100/ G
X	Trust: Names of All Trustees Who Own More Than 10%: Bony Koroskin
	William kaplan
	Corporation (inc. LLC): Name of President:
	Name of Secretary:
	Name of Treasurer:
	Other (Attach a Description of the Form of Ownership and the Names of Owners)

- -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: White Margin Hart Date 58 2012

## 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)

\*\* Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

<sup>\*</sup> This license will not be issued unless this certification clause is signed by the applicant.

<sup>\*\*</sup> 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

Exact name of taxpayer/appl	icant's business:	Grove Street 6	Leally Trust
Address of taxpayer/applicar	nt's business in Som	nerville: 4e \so 6	ove Street
Address of taxpayer/applica	nt's home in Somer	ville:	
Taxpayer/applicant's phone:	day: 781 890 5	evening:	
I, (print name) (score Secretify that all the information have been paid or that the Tacurrent on said agreement.	n contained herein is	s true and correct and all	taxes and fees due the City
SIGNED UNDER THE PA	INS AND PENAL	TIES OF PERJURY,  (Vaxpayer's	this <u>8</u> day of
		(Vaxpayer's	s signature)
(	CITY'S ACKNO	WLEDGEMENT	
DATE OF ISSUANCE:	. incl	UDES RELEVANT POSTINGS	THROUGH:
TAXES AND ACCOUNT	NUMBER(S) INC	LUDED IN CERTIFI	CATE:
$\Box$ Real Estate $\#$ $6492$	•	Personal Proper	ty
NOTES:  CLERK'S INITIALS:	US	ORIGINAL STA	MP: SS DEC



# 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

ress: Clo Equipped An Estive Servors 318 Box All (A)    State   MA	pplicant information:		se PRINT legibly				
State   Mark   State   State   State   Mark   State	me: Grove Street	Really Trust		7 11 10	<i>^</i> ^ ^		
state: MA	Idress: Clo Eastport Re	1 Est. Je Seni	<u> 318</u>				
I am a sole proprietor and have no one	•	AA.	A zip	ovesi	phone#	8, 890 5	817 KI
am a sole proprietor and have no one							
I am an employer providing workers' compensation for my employees working on this job.    I am a sole proprietor and have hired the independent contractors listed below who have the following workers' impensation polices:   I am a sole proprietor and have hired the independent contractors listed below who have the following workers' impensation polices:   I am a sole proprietor and have hired the independent contractors listed below who have the following workers' impensation polices:   I am a sole proprietor and have hired the independent contractors listed below who have the following workers' impensation polices:   I am a sole proprietor and have hired the independent contractors listed below who have the following workers' impensation polices:   I am a sole proprietor and have hired the independent contractors listed below who have the following workers' impensation polices:   I am a sole proprietor and have hired the independent contractors listed below who have the following workers' impensation polices:   I am a sole proprietor and have hired the independent contractors listed below who have the following workers' impensation polices:   I am a sole proprietor and have hired the independent contractors listed below who have the following workers' impensation polices:   I am a sole proprietor and have hired the independent contractors listed below who have the following workers' impensation polices:   I am a sole proprietor and have hired the independent contractors listed below who have the following workers' independent listed below who have the following w	I am a sole proprietor and have working in any capacity.		Office Sales (	Restaurant/Ba	ar/Eating E Estate, Aut	stablishment os etc.)	
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