

2012

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

EASTPORT REAL ESTATE SERVICES/GROVE STREET REALTY
235 BEAR HILL ROAD
WALTHAM MA 02451

LIC #: 2012-193
B.O.A.# 161884

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ___ Auto Body Work: ___ Parking or Storing Vehicles: X
Washing Vehicles: ___ Spray Painting: ___ Operating a Tow Vehicle: ___

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
This Certificate must be signed and filed with the required fee of \$550.00 not
later than April 30, 2012. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current
records below. Please print or type your information, except for signature.

Company Name: GROVE STREET REALTY TRUST TEL: 617-666-0800

Company Address: 00048 GROVE ST

City: SOMERVILLE State: MA Zip: 02144

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

Owner Name: EASTPORT REAL ESTATE SERVICES/GROVE STREET TEL: 617-666-0800

Owner Address: 235 BEAR HILL ROAD

Owner City: WALTHAM State: MA Zip: 02451

FID#: 042968097

This renewal is being sent to you as a courtesy, please file on time. If this
renewal is not returned to City Clerk's office by 04/30/2012, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2012-193
FEE: \$550.00

This is to certify: EASTPORT REAL ESTATE SERVICES/GROVE STREET REALTY
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 06/24/1997

Garage situated at: 00048 GROVE ST
Doing business as : GROVE STREET REALTY TRUST
Shall not exceed: 20 Vehicles Inside
in addition the following restrictions apply:

2012 JUN - 8 A 9:11
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Check One: Owner [X] Occupant ___ Holder ___

[Signature] Managing Agent
Signature of Applicant

308 Bear Hill Rd
Address

Waltham MA 02451
City State Zip

** Office Use Only **
Mailed ___
Taken ___
Received: 6-8-12 \$550.00
CR 7244
City Clerk

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.

The DBA Name of the Business: Grave Street Realty Trust
Somerville Address and Zip Code: 48 Grove St. Somerville MA 02144
Phone Number of the Business: 781 890 5855 x123

The Legal Name of the License Holder: Grave Street Realty Trust
Street Address of the License Holder: 410 Eastport Real Estate 310 Bear Hill Rd
City, State and Zip Code of the License Holder: Waltham MA 02451
Phone Number of the License Holder: 781 890 5855 x123
Email Address of the License Holder: M.joffe@eastportrealestate.com

Where We Should Send Mail: Name: Michael Jaffe
Street Address: _____
City, State and Zip Code: _____
Email: _____
Phone Number: _____

Federal ID # (Do Not Give a Social Security #): 04 296 3097

Emergency Contact and Phone (For Fire Dept. Use): Michael Jaffe 781 389 4230

Type 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%: _____

Trust: Names of All Trustees Who Own More Than 10%: Barry Karobkin
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)

ACKNOWLEDGEMENT: 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 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: [Signature] Managing Agent Date 5/8/2012


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.

Grove Street Realty Trust

* Signature of Individual or Corporate Name (Mandatory)

 Managing Agent

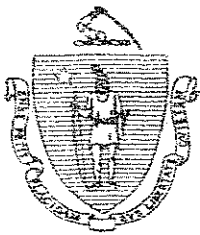
By: Corporate Officer (Mandatory, if a corporation)

04 296 3097

** 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.



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: Grove Street Realty Trust
 address: 10 Eastport Real Estate Services 318 Bad Mill Rd
 city: Waltham state: MA zip: 02451 phone # 781 890 5855 x123

work site location (full address):

- 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 year's 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 5/8/2012

Print name Michael Jaffe Managing Agent Phone # 781 890 5855 x123

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

city or town: _____ permit/license # _____ Building Department
 Licensing Board

check if immediate response is required Selectmen's Office
 Health Department
 Other _____

contact person: _____ phone #: _____
(revised Sept. 2003)