



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

**APPLICATION TO RENEW GARAGE LICENSE**

120 BEACON ST. LP  
C/O EASTPORT REAL ESTATE  
318 BEAR HILL ROAD  
WALTHAM, MA 02451

License #: 585  
City #G190  
Fee: 550.00  
Account ID: 473  
Reference #: 585

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: 120 BEACON ST. LP Business Location: 120 BEACON ST Business Phone: 781-890-5855	
License Holder: 120 BEACON ST. LP C/O EASTPORT REAL ESTATE 318 BEAR HILL ROAD WALTHAM, MA 02451 781-890-5855	
Mailing Address: 120 BEACON ST. LP C/O EASTPORT REAL ESTATE 318 BEAR HILL ROAD WALTHAM, MA 02451	
Business Type: PARTNERSHIP (INC. LLP) PARTNER - BARRY KOROBKIN PARTNER - WILLIAM KAPLAN	
FID: 043232447	
Food Manager/Emergency Contact: MICHAEL JAFFE 781-389-4230	

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

Hours: MO-FR 8AM-6PM, SA 8AM-2PM

**OPEN TO THE PUBLIC**

- 1 STORING VEHICLES
- 60 VEHICLES INSIDE
- 20 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

**Originally Issued 10/27/1995. The Licensee May Not Enter Into Any Agreements Of Leased Or Rental Of Parking Spaces To The Cambridge City Hospital Or Its Employees.**

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: Michael Jaffe as agent for 120 Beacon St. L.P. Date: 4/23/14  
Print Name: Michael Jaffe Phone: 781-390-5855



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: 120 Beacon St. L.P. Partnership

Address of taxpayer/applicant's business in Somerville: 120 Beacon St.

Address of taxpayer/applicant's home in Somerville: —

Taxpayer/applicant's phone: day: 781 890 5055 evening: SAME

I, (print name) 120 Beacon Street L.P., 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 23 day of April, 2014. [Signature] as agent for  
120 Beacon Street L.P.  
(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: \_\_\_\_\_

# 1100 # 128065041 # \_\_\_\_\_ # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



RECEIVED  
UBancay  
4-23-14

*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: 120 Beacon St. L.P. c/o Eastport Real Estate Services  
Address: 318 Deer Hill Rd  
City: Waltham State: MA Zip: 02451 Phone #: 781 890 5855

- ☐ I am an employer with \_\_\_\_\_ 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 Office Bldg

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] as agent for 120 Beacon St. L.P. Date: 4/23/2017

Print Name: Michael Jaffe

*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 \_\_\_\_\_