

120 BEACON ST. LP

318 BEAR HILL ROAD

WALTHAM, MA 02451

C/O EASTPORT REAL ESTATE

CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW GARAGE LICENSE

License #:

585

Fee:

City #G190 550.00

Account ID:

473

Reference #:

585

Review and update the information below. <u>If you have workers compensation insurance</u>, 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 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.

Thereby 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 Al	LDERMEN.
-I have filed all State tax returns and paid all State taxes required by I	
Signature: My as egent for 120 Beins St.	Date 4/33/14
Print Name: Michael Julk	Phone 781 - 890 - 5855,



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

		V. 120	190					
Exact name of taxpayer/app	olicant's business: 12	o Beacon St. Linited	Pertnership					
Address of taxpayer/application	ant's business in Somer	ville: 120 Beacon S	<i>t</i> .					
Address of taxpayer/applicant's home in Somerville:								
Taxpayer/applicant's phone	e: day: 781 890 5	evening: Samo						
I, (print name) Le Bruce 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 day of								
April , 20 14 . Taxpayer's signature)								
(The payer's signature)								
CITY'S ACKNOWLEDGEMENT								
DATE OF ISSUANCE: _	INCLUD	ES RELEVANT POSTINGS THROUGH:						
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:								
☐ Real Estate	□Water/Sewer	☐ Personal Property	Other:					
# 1100	#128065041	#	#					
NOTES:								
CLERK'S INITIALS: _	US	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

Name: 120 Beauer St. U.O.	Applicant in	ıformati	on:										
I am an employer withemployees Business Type: Retail Restaurant/Bar/Eating Establishment Gill and/or part time). I am a sole proprietor or partnership and have no employees. Retail Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.	Name: 12	o Bec	un S	t. L.P.		do C	Eistpart	R.1	Estak	Ser	14		
I am an employer with employees Business Type: Retail Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Entertainment Manufacturing Health Care We are a nonprofit organization staffed by We are a nonprofit organization staffed by Wolunteers and have no employees. Morkers' compensation insurance information (if applicable): Insurance Company Name: Address: Zip: Phone #: Expiration Date: Phone #: Expiration Date: Phone #: Expiration Date: Phone #: Permit/License #: Permit/License #: Permit/License #: Permit/License #: Permit/License #: Phone #: Permit/License #: Phone #: Pho	Address:	318	Bear	H-11	RZ								
Gall 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. Manufacturing Health Care, Other Oth	City: W.	14h c	<u>~</u>		State:	MA		Zip: C	12421 b	hone#:	761	890	2822
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: Date: Yell IDD Ocacoa St. LD. Date: Yell IDD Date: Yell ID	(full and/of I am a solution employee We are a exemption We are a volunteer.	or part tiude propries. corporation per c15 nonprofis and have	ne). etor or pa on that h 2 s1(4), a t organize or no emp	rtnership an as exercised and have no ation staffed bloyees.	d have n d our righ employ d by	nt of ees.		Re Of No En Ma	staurant/Bar fice and/or S inprofit tertainment anufacturing	Sales (rea	al estate, a	nent auto, etc.)	
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: Date: 4/23 2217 Print Name: Machael Jake Official use only. Do not write in this area. To be completed by city or town official. City or Town: Permit/License #: Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office Other				rance infor	mation	(п аррпс	ante).						
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: A equal for You Ocason St. LO. Date: 4/23 2014 Print Name: Machael Tothe Official use only. Do not write in this area. To be completed by city or town official. City or Town: Permit/License #: Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office Other		mpany N	ame:										
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Print Name: Mchac Jake Official use only. Do not write in this area. To be completed by city or town official. City or Town: Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office Contact Person: Phone #: Other	I do hereby co	ertify un	ier the	ains and per	nalties of	perjury t	hat the info	ormation	provided at			rrect.	
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(revised Jan. 2008)