

**CITY OF SOMERVILLE**

Commonwealth of Massachusetts  
93 Highland Avenue  
Somerville, MA 02143  
(617) 625-6600

**Application to Renew Garage License**

**ARIS AUTO INC**  
**675 SOMERVILLE AVE**  
**SOMERVILLE MA 02143**

**License #:** BL15-000603  
**File #:** 15-491  
**Fee:** 550

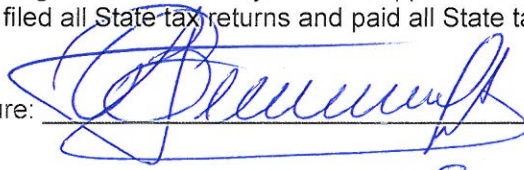
Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
<b>Business/DBA Name:</b> ARIS AUTO INC <b>Business Location:</b> 3 CRAIGIE ST <b>Business Phone:</b> 617-776-9247	
<b>License Holder:</b> ARIS AUTO INC 675 SOMERVILLE AVE SOMERVILLE MA 02143	
<b>Mailing Address:</b> ARIS AUTO INC 675 SOMERVILLE AVE SOMERVILLE MA 02143	
<b>Business Type:</b> Corporation GEORGE VARELIS GEORGE VARELIS GEORGE VARELIS	
<b>FID:</b> 042831606	
<b>Emergency Contact:</b> GEORGE VARELIS <b>Phone:</b> 781-526-1784	
<b>Proposed Hours of Operation if outside standard hours:</b> MO-FR 8AM-6PM, SA 8AM-2PM <b># of Vehicles Kept Inside:</b> 3 <b># of Vehicles Kept Outside:</b> 8 <b>Open to the public?</b> Yes <b>Mechanical repairs?</b> Yes <b>Autobody work?</b> No <b>Spray Painting?</b> No <b>Washing vehicles?</b> No <b>Charging money to store vehicles?</b> No <b>Storing unregistered vehicles?</b> No <b>Maintaining or operating a tow vehicle at this location?</b> No	

2015 APR 30 A 11:36  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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:  Date: 4/24/2015  
Printed Name: GEORGE VARELIS Phone: 617 776 9247



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: ARIS AUTO INC / (GEORGE VARELIS)

Address of taxpayer/applicant's business in Somerville: 675 Somerville Ave / 2nd Floor / Somerville

Address of taxpayer/applicant's home in Somerville: 675 Somerville Ave Apt 2, Somerville

Taxpayer/applicant's phone: day: 617-776-9247 evening: 981-526-1724

I, (print name) George Varelis, 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 24 day of APRIL, 2015. [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: \_\_\_\_\_

# \_\_\_\_\_ # 24012001 # 1118 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: URS

ORIGINAL STAMP:

RECEIVED  
UBancroft  
4-30-15



**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: ARIS AUTO INC

Address: 675 SOMERVILLE AVE

City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-716-9247

- ☒ I am an employer with 2 employees (full and/or part time). Business Type: ☐ Retail  
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment  
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)  
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit  
☐ Entertainment  
☐ Manufacturing  
☐ Health Care  
☒ Other repair shop

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: DORCHESTER MUTUAL

Address: 222 AMES ST

City: RODHAM State: MA Zip: 02006 Phone #: 781-431-2500

Policy #: WE123546A Expiration Date: 7/27/2015

**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: 4/24/2015

Print Name: GEORGE VARELA

**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 \_\_\_\_\_