

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

JAMES DAVIDIAN
345 THOREAU ST
CONCORD

MA 01742

LIC #: 2011-265
B.O.A.# 190461

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: Parking or Storing Vehicles: X
Washing Vehicles: X 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 not
later than April 30, 2011. 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: UNION GULF SERVICE LLC TEL: 617-623-9294
Company Address: 00231 WASHINGTON ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: Co: Corp: Trust: Agency Ship X Other
Gov't Partner
Owner Name: JAMES DAVIDIAN TEL: 978-371-0968
Owner Address: 345 THOREAU ST

Owner City: CONCORD State: MA Zip: 01742
FID#: 450548309

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 04/30/2011, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 07:00 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 #: 2011-265
FEE: \$550.00

This is to certify: JAMES DAVIDIAN
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 12/09/2010
Garage situated at: 00231 WASHINGTON ST
Doing business as : UNION GULF SERVICE LLC
Shall not exceed: 4 Vehicles Inside & 4 Vehicles Outside, not on public ways
in addition the following restrictions apply:

This renewal certificate must be signed by the holder of the license
Check One: Owner X Occupant Holder

[Signature]
Signature of Applicant
345 THOREAU ST
Address
CONCORD MA 01742
City State Zip

** Office Use Only **
Mailed
Taken X
Received: 1/12/12 - MS
\$550.00 ck# 1425
City Clerk

CITY CLERK'S OFFICE
SOMERVILLE, MA
2012 JAN 12 P 1 28

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.

UNION OFF SERVICE
* Signature of Individual or Corporate Name (Mandatory)

JAMES OMARON [Signature]
By: Corporate Officer (Mandatory, if a corporation)

450 548 309
** 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.



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/applicant's business: UNION GOLF SERVICE
- Address of taxpayer/applicant's business in Somerville: 231 WASHINGTON ST
- Address of taxpayer/applicant's home in Somerville: _____
- Taxpayer/applicant's phone: day: 617 623 9299 evening: 617 930 9607

I, _____, 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 12 day of JANUARY, 2012
[Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

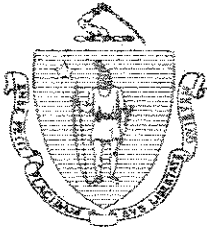
<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>105065</u>	# <u>11900704</u>	# <u>1332</u> <u>103570</u>	# _____

NOTES:

CLERK'S INITIALS: DB

ORIGINAL STAMP:





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: UNION GOLF SERVICE

address: 231 WASHINGTON ST

city: SOMERVILLE state: MA zip: 02143 phone # 617 623 9294

work site location (full address): 231 WASHINGTON ST SOM. MA. 02143

- 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 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 1/12/12

Print name JAMES DAVIDSON Phone # 617 623 9294

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
 Selectmen's Office
 Health Department
 Other _____

check if immediate response is required

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