

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

GEORGE VARELIS
3920 MYSTIC VALLEY PKY. APT. #1013
MEDFORD MA 02155

LIC #: 2010-245
B.O.A.# 182341

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: Parking or Storing Vehicles:
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 \$500.00 not later than April 30, 2010. 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: ARIS AUTO INC. TEL: 617-776-9247
Company Address: 00675 SOMERVILLE AV

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: GEORGE VARELIS TEL: 781-391-3686

Owner Address: 3920 MYSTIC VALLEY PKY. APT. #1013 781-526-7800
1784

Owner City: MEDFORD State: MA Zip: 02155

FID#: 042831606

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 04/30/2010, 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 #: 2010-245
FEE: \$500.00

This is to certify: GEORGE VARELIS
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 12/14/2006
Garage situated at: 00675 SOMERVILLE AV
Doing business as : ARIS AUTO INC.
Shall not exceed: 3 Vehicles Inside & 8 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 of Applicant

3920 MYSTIC VALLEY PKY APT #1013
Address

MEDFORD MA 02155
City State Zip

** Office Use Only

Mailed
Taken

Received: CK 1458

\$500
City Clerk

CITY CLERK'S OFFICE
SOMERVILLE, MA
2010 SEP 14 A 10:08



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: ARIS AUTO INC
 address: 675 SOMERVILLE AV
 city: SOMERVILLE state: MA zip: 02143 phone # 617 976 9247

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 8 employees (full & part time). Other REPAIR SHOP
 I am an employer providing workers' compensation for my employees working on this job.

company name: GUARD INSURANCE GROUP
 address: P.O. BOX A-H, 16 SOUTH RIVER STREET
 city: WILKS-BARRE PA 18703-0020 phone #: 1-800-673-2465
 insurance co. policy # ARWC021169

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: 9/9/2010
 Print name: George Vaxelis Phone #: 617 776 9247

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 _____

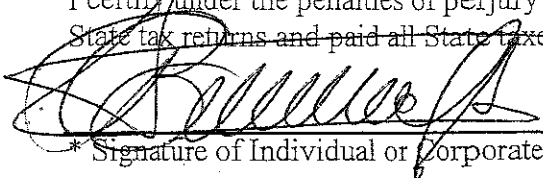
check if immediate response is required

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

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.



* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

042831606

** 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.

OK
Jo Ann
DePrizio



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: ARIS AUTO INC
- Address of taxpayer/applicant's business in Somerville: 675 SOMERVILLE AV.
- Address of taxpayer/applicant's home in Somerville: _____
- Taxpayer/applicant's phone: day: 617 776 9947 evening: 617 984 2110

I, 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 9 day of SEPTEMBER, 2010.
(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: _____
 # 22687167 # 24901200 # 30050109 # _____

NOTES: V652479

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: **received**
9-14-10