

CK 1675

550.00



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

**APPLICATION TO RENEW GARAGE LICENSE**

**JAMES DAVIDIAN**  
345 THOREAU ST  
CONCORD, MA 01742

License #: 846

City #G265

Fee: 550.00

Account ID: 38

Reference #: 846

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: For <b>UNION GULF SERVICE LLC</b> Business Location: <b>231 WASHINGTON ST</b> Business Phone: <b>617-623-9294</b>	
License Holder: <b>UNION GULF SERVICE LLC</b> <b>231 WASHINGTON ST</b> <b>SOMERVILLE, MA 02143</b> <b>617-623-9294</b>	
Mailing Address: <b>JAMES DAVIDIAN</b> <b>CONCORD, MA 01742</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>MANAGER - GREGORY DAVIDIAN</b> <b>MANAGER - JAMES DAVIDIAN</b>	
FID: <b>450548309</b>	
Food Manager/Emergency Contact: <b>JIM DAVIDIAN</b> <b>617-930-9607</b>	

2013 APR 24 P 3:15  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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

Hours: **MO-FR 7AM-6PM, SA 8AM-2PM**

**OPEN TO THE PUBLIC**

- |                      |                    |
|----------------------|--------------------|
| 1 MECHANICAL REPAIRS | 4 VEHICLES INSIDE  |
| 1 STORING VEHICLES   | 4 VEHICLES OUTSIDE |
| 8 VEHICLES           | 1 WASHING VEHICLES |

Description of Location and/or Other Conditions:

**Originally Issued 12/9/2010. No Auto Body. No Spray Painting. No Operating Tow Vehicles.**

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: *James Davidian* Date: \_\_\_\_\_

Print Name: James Davidian Phone: 617 930 9607

*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: UNION GULF SERVICE

Address: 231 WASHINGTON ST

City: SOMERVILLE

State: MA

Zip: 02143 Phone #: 617 623 9299

- ☐ 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 \_\_\_\_\_

**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: James Davison

Date: 9/24/13

Print Name: JAMES DAVISON

*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 \_\_\_\_\_



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: UNION GOLF SERVICE LLC

Address of taxpayer/applicant's business in Somerville: 231 WASH. ST. SOM. MA 02143

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617 623 9254 evening: 617 530 9607

I, (print name) James Donovan, 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 27 day of

April, 2013. [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: \_\_\_\_\_

# 15585 # 119007011 # 1307 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



RECEIVED  
4/24/13