

CK 5443
400.00



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

APPLICATION TO RENEW OUTDOOR PARKING LICENSE

**URBAN EQUITY DEVELOPMENT COMPANY
3 CRENSHAW LANE
ANDOVER, MA 01810**

License #: **134**

Fee: **400.00**

Account ID: **142**

Reference #: **134**

7068

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 URBAN EQUITY DEVELOPMENT COMPANY Business Location: 7 HERBERT ST Business Phone: 508-423-8600	
License Holder: URBAN EQUITY DEVELOPMENT COMPANY 3 CRENSHAW LANE ANDOVER, MA 01810 508-423-8600	
Mailing Address: URBAN EQUITY DEVELOPMENT COMPANY ANDOVER, MA 01810	
Business Type: PARTNERSHIP (INC. LLP) PARTNER - YVON CORMIER	
FID: 042538505	
Food Manager/Emergency Contact: LEO ROY 508-423-8600	

2013 APR - 4 A 11:10

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

Hours: **NOT APPLICABLE**

20 SPACES

Description of Location and/or Other Conditions:

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: *Yvon Cormier* Date 3/28/13
 Print Name: Yvon Cormier Phone (978) 470-0189

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: Urban Equity Development Co. / Yvon Cormier Constr. Corp.

Address: 3 Crenshaw Lane

City: Andover State: MA Zip: 01810 Phone #: (978) 470-0189

- I am an employer with 20+ 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: Chartis (AIG Insurance)

Address: 175 Water St.

City: New York State: NY Zip: 10038 Phone #: _____

Policy #: WC 009-87-0724 Expiration Date: 5/11/13

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: 3/28/13

Print Name: Yvon Cormier

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 _____

Contact Person: _____ Phone #: _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Urban Equity Development Co.

Address of taxpayer/applicant's business in Somerville: 7-9-11-13 Herbert St.

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: (508) 423-8600 evening: same

I, (print name) Leo Roy, 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 28TH day of

March, 20 13.

Leo Roy
(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: _____

6978 # # #

NOTES:

CLERK'S INITIALS:

ORIGINAL STAMP:

