



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

**PAST DUE**

**APPLICATION TO RENEW FLAMMABLES LICENSE**

**ARIS AUTO INC  
C/O GEORGE VARELIS  
675 SOMERVILLE AVE  
SOMERVILLE, MA 02143**

License #: **848**  
City # **F129**  
Fee: **550.00**  
Account ID: **491**  
Reference #: **848**

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.

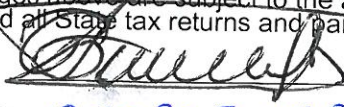
INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: <b>ARIS AUTO INC.</b> Business Location: <b>3 CRAIGIE ST</b> Business Phone: <b>617-776-9247</b>	
License Holder: <b>ARIS AUTO INC.</b> <b>3 CRAIGIE ST</b> <b>SOMERVILLE, MA 02143</b> <b>617-776-9247</b>	
Mailing Address: <b>ARIS AUTO INC</b> <b>C/O GEORGE VARELIS</b> <b>675 SOMERVILLE AVE</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - GEORGE VARELIS</b> <b>SECRETARY - GEORGE VARELIS</b> <b>TREASURER - GEORGE VARELIS</b>	
FID: <b>042831606</b>	
Food Manager/Emergency Contact: <b>GEORGE VARELIS</b> <b>781-526-1784</b>	

2014 MAY 21 P 1:52  
 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-SU 5 AM - MIDNIGHT**

Description of Location and/or Other Conditions:  
**Originally Issued 5/8/1930, Amended 01/23/36, 01/26/67, 01/26/84. 30,000 Gals. Gasoline. 100 Gals. Crank Case Oil. 30 Gals. Grease Oil. 60 Gals. Range Oil. 54 Gals. Freezone.**

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 5/20/2014  
 Print 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.

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

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

Taxpayer/applicant's phone: day: 617-776-9247 evening: 781-526-1784

I, (print name) GEORGE VARELA, 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 20 day of MAY, 20 14. [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: \_\_\_\_\_

# N/A      # 249012001      # 1159      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:  **RECEIVED**  
5/2/14



**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: ARIS AUTO INC  
 Address: 675 SOMMERVILLE AVE  
 City: SOMMERVILLE State: MA Zip: 02143 Phone #: 617-776-9247

I am an employer with 12 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

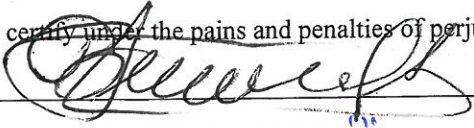
**Workers' compensation insurance information (if applicable):**

Insurance Company Name: DORCHESTER MUTUAL INSURANCE COMPANY  
 Address: 229 AMES STREET  
 City: DEDHAM State: MA Zip: 02026 Phone #: 781-431-2500  
 Policy #: WE 128546A 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:  Date: 5/20/2014  
 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 \_\_\_\_\_