IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

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License Type: Outdoor Parking	
License Number: #191327	
Business Name: Urban Equity Development Company Da	y Dover Parking, LLC.
Location: 55-59 Day St & 108-112 Dover St.	9/2014 14 21 3
Spaces: 70	~ ~ ~
Special Conditions (if any):	<u> </u>
Renewal Fee (Return with this application): \$20 per Space	ROK'S
PLEASE FILL IN ALL SIX BOXES BELOW:	
The DBA Name of the Business: DAY POUER PARK	ing LLC
Somerville Address and Zip Code: 15-59 Day S	N. E 108-112 DOUBS ST.
Phone Number of the Business: 508-423-8	-
The Legal Name of the License Holder: DAY DOUER F	ARKING LLC
Street Address of the License Holder: 3 CRENSI	+AW LN
City, State and Zip Code of the License Holder:	VER, MA 0 (810
Phone Number of the License Holder: 508-4	23-8600
	2 AOL. COM
Where We Should Send Mail: Name: 4RBAN Equit	X DEVELOPMENT CO
Street Address: 3 CRENSHAW Ly	
City, State and Zip Code: ANDOUER, MAC	21810
Email: YCCC 59@ AOL.C	
Phone Number: 508-423-8600	
Federal ID # (Do Not Give a Social Security #): 45 40	90 222

Emergency Contact and Phone (For Fire Dept. Use):

Type of Business (Check Only One and Give the Names Indicated):
Sole Proprietor: Name of Owner:
Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:
Trust: Names of All Trustees Who Own More Than 10%:
Corporation (ind (LLC)) Name of President: MANAGER YVON CORMIER
Name of Secretary: M/A
Name of Treasurer: MA
Other (Attach a Description of the Form of Ownership and the Names of Owners)
ACKNOWLEDGEMENT: 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 Somerville Board of AldermenI have filed all State tax returns and paid all State taxes required by law for this business.
License Holder Signature: When Our Date 4/24/12

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City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

_					
Exact name of taxpayer/applicant's business: Day Dover Parking LLC					
Exact name of taxpayer/applicant's business: Day Dover Tarking LLC Address of taxpayer/applicant's business in Somerville: 5-59 Day 57, \$108-112 Dover 57					
Address of taxpayer/applicant's home in Somerville:					
Taxpayer/applicant's pho	ne: day: 508-423- 2	86 <u>eo</u> evening: 5x	ME		
I, (print name) LEOTO 4 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 PERSONNY the 474 THE day of					
_APRIL	. 20 /d .	Caxpayer's light	attra		
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:		
<u>* 4437</u>	* WP	#	<u>#</u>		
NOTES: CLERK'S INITIALS: _	U6_	ORIGINAL STAMP:	RECEIVED (Samuel)		
			Uray'		

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: DAY DOWER PARKING LLC/YV	ON CORMIER CONSTR CORP.
Address: 3 CREWSHAW Ly	
City: ANDOVER State: MA	Zip: 018/0 Phone #: 978 - 470-01
I am an employer with comployees (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.	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: CHART'S (ATG	TNSYRANCE)
Address: 175 WATER ST.	
City: NEW YORK State: NY	Zip: 10038 Phone #:
Policy #: WC 009870734	Expiration Date: 5/11/12
Applicant certification:	
Failure to secure coverage as required under Section 25A of MGL 152 cato \$1,500.00 and/or one years' imprisonment as well as civil penalties \$100.00 a day against me. I understand that a copy of this statement may for coverage verification.	in the form of a STOP WORK ORDER and a fine of
I do hereby certify under the pains and penalties of perjury that the info	ormation provided above is true and correct.
Signature: MMM Clyn	Date: 4/24/13
Print Name: / Yvon Cormier	
Official use only. Do not write in this area. To be a City or Town: Permit/License #:	ompleted by city or town official. Board of Health
Official use only. Do not write in this area. To be considered to be considered to the constant of the constan	completed by city or town official. Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office Other
	☐ Licensing Board ☐ Selectmen's Office
Contact Person: Phone #:	Other