# 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.**

License Type: Outdoor Parking
License Number: #191327
Business Name: ~~Urban Equity Development Company~~ Day/Dover Parking, LLC.
Location: 55-59 Day St & 108-112 Dover St.
Spaces: 70
Special Conditions (if any):

Renewal Fee (Return with this application): $20 per Space

PLEASE FILL IN ALL SIX BOXES BELOW:

CITY CLERK'S OFFICE
SOMERVILLE, MA
2012 APR 30 P 2:46

The DBA Name of the Business: DAY DOVER PARKING LLC
Somerville Address and Zip Code: 55-59 DAY ST. & 108-112 DOVER ST.
Phone Number of the Business: 508-423-8600

The Legal Name of the License Holder: DAY DOVER PARKING LLC
Street Address of the License Holder: 3 CRENSHAW LN
City, State and Zip Code of the License Holder: ANDOVER, MA 01810
Phone Number of the License Holder: 508-423-8600
Email Address of the License Holder: YCCC59@AOL.COM

Where We Should Send Mail: Name: URBAN EQUITY DEVELOPMENT CO.
Street Address: 3 CRENSHAW LN
City, State and Zip Code: ANDOVER, MA 01810
Email: YCCC59@AOL.COM
Phone Number: 508-423-8600

Federal ID # (Do Not Give a Social Security #): 45-4090222

Emergency Contact and Phone (For Fire Dept. Use): LEO ROY 508-423-8600

-OVER-

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 (inc. LLC): Name of ~~President~~ MANAGER YVON CORMIER

Name of Secretary: N/A

Name of Treasurer: N/A

___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 Aldermen.**
**-I have filed all State tax returns and paid all State taxes required by law for this business.**

**License Holder Signature:** _____ **Date** 4/24/12

# City of Somerville, Massachusetts
# Finance Department, Treasury Division

## CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: DAY DOVER PARKING LLC

Address of taxpayer/applicant's business in Somerville: 55-59 DAY ST. & 108-112 DOVER 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 24TH day of APRIL, 2012. 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: ___

# 4437 # N/A # _____ # _____

**NOTES:**

**CLERK'S INITIALS:** VB **ORIGINAL STAMP:** RECEIVED Basaws 4-24-12

*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 DOVER PARKING LLC/YVON CORMIER CONSTR CORP.

Address: 3 CRENSHAW LN

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 009870724 Expiration Date: 5/11/12

**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: 4/24/12

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 #:* _____

(revised Jan. 2008)