

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

GEORGE KAZAZIAN
224 SOMERVILLE AVENUE
SOMERVILLE MA 02143

LIC #: 2012-087
B.O.A.#

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ___ Auto Body Work: X Parking or Storing Vehicles: ___

Washing Vehicles: ___ Spray Painting: X Operating a Tow Vehicle: ___

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
This Certificate must be signed and filed with the required fee of \$550.00 not later than April 30, 2012. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current records below. Please print or type your information, except for signature.

Company Name: BARNES AND WALSH COMPANY A.B. TEL: 617-625-6900
Company Address: 00224 -00226 SOMERVILLE AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: X Co: ___ Corp: ___ Trust: ___ Agency ___ Gov't ___ Partner ___ Ship ___ Other ___
Owner Name: GEORGE KAZAZIAN TEL: 781-891-6911
Owner Address: 224 SOMERVILLE AVENUE

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 046400301

This renewal is being sent to you as a courtesy, please file on time. If this renewal is not returned to City Clerk's office by 04/30/2012, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
*** GARAGE NOT OPEN TO THE PUBLIC ***

LICENSE #: 2012-087
FEE \$550.00

This is to certify: GEORGE KAZAZIAN
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 07/11/1946
Garage situated at: 00224 -00226 SOMERVILLE AV
Doing business as : BARNES AND WALSH COMPANY A.B.
Shall not exceed: 9 Vehicles Inside
in addition the following restrictions apply:
COMMERCIAL

2012 APR 28 P 1.49
CITY CLERK'S OFFICE
SOMERVILLE, MA

This renewal certificate must be signed by the holder of the license.
Check One: Owner ___ Occupant ___ Holder ___

Signature of Applicant
224 SOMERVILLE AVE
Address
SOMERVILLE MA 02143
City State Zip

** Office Use Only **
Mailed ___
Taken ___
Received:
City Clerk

IMPORTANT

#635
REF 752

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 the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: BARNES & WALSH
 Somerville Address and Zip Code: 224 SOMERVILLE AVE SOMERVILLE MA 02143
 Phone Number of the Business: 617-625-6900

The Legal Name of the License Holder: GEORGE KAZAZIAN
 Street Address of the License Holder: 224 SOMERVILLE AVE
 City, State and Zip Code of the License Holder: SOMERVILLE MA 02143
 Phone Number of the License Holder: 617-625-6900
 Email Address of the License Holder: _____

Where We Should Send Mail: Name: N/A
 Street Address: _____
 City, State and Zip Code: _____
 Email: _____
 Phone Number: _____

Federal ID # (Do Not Give a Social Security #): 046-400-301

Emergency Contact and Phone (For Fire Dept. Use): 617-2300367

Type of Business (Check Only One and Give the Names Indicated):
 Sole Proprietor: Name of Owner: GEORGE KAZAZIAN AUTO BODY
 _____ 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:

 Name of Secretary: _____
 Name of Treasurer: _____
 _____ 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: _____


MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.


* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)


** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: BARNES & WALSH

Address of taxpayer/applicant's business in Somerville: 224 SOMERVILLE AVE
SOMERVILLE MA 02143

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

Taxpayer/applicant's phone: day: 617-625-6900 evening: _____

I, (print name) GEORGE KAZAZIAN, 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 _____ day of _____, 20_____

(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: _____

13547 # 120043001 # 1100 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

 **RECEIVED**
UBarnes
3-28-12



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street, 7th Floor
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: BARNES & WALSH GEORGE KAZAZIAN
 address: 224 SOMERVILLE AVE
 city: SOMERVILLE state: MA zip: 02143 phone #: 617-625-6900

work site location (full address):

- I am a sole proprietor and have no one working in any capacity. Business Type: Retail Restaurant/Bar/Eating Establishment
 Office Sales (including Real Estate, Autos etc.)
 I am an employer with _____ employees (full & part time). Other
 I am an employer providing workers' compensation for my employees working on this job.

company name:

address:

city: _____ phone #: _____

insurance co. _____ policy # _____

- I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name:

address:

city: _____ phone #: _____

insurance co. _____ policy # _____

company name:

address:

city: _____ phone #: _____

insurance co. _____ policy # _____

Attach additional sheet if necessary

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 _____

Print name _____ Phone # _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department

check if immediate response is required Licensing Board

contact person: _____ phone #: _____ Selectmen's Office

(revised Sept. 2003) Health Department Other _____