

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

GEORGE VARELIS
3920 MYSTIC VALLEY PKY. APT. #1013
MEDFORD MA 02155

LIC #: 2012-245
B.O.A.# 182341

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

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

Washing Vehicles: ___ Spray Painting: ___ 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: ARIS AUTO INC. TEL: 617-776-9247
Company Address: 00003 CRAGIE ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Ship ___ Other ___

Owner Name: GEORGE VARELIS TEL: 781-526-1784

Owner Address: 3920 MYSTIC VALLEY PKY. APT. #1013

Owner City: MEDFORD State: MA Zip: 02155

FID#: 042831606

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 OPEN TO THE PUBLIC --

LICENSE #: 2012-245
FEE: \$550.00

This is to certify: GEORGE VARELIS has been licensed by the Mayor and the Aldermen of the City of Somerville. Since 12/14/2006

Garage situated at: 00003 CRAGIE ST

Doing business as : ARIS AUTO INC.

Shall not exceed: 3 Vehicles Inside & 8 Vehicles Outside, not on public ways in addition the following restrictions apply:

Vertical stamp: CITY OF SOMERVILLE, MAR 26 P 2:55

This renewal certificate must be signed by the holder of the license.

Check One: Owner Occupant Holder

Handwritten signature of George Varelis
Signature of Applicant

3920 MYSTIC VLLY PKWY #1013
Address

MEDFORD MA 02155
City State Zip

** Office Use Only **

Mailed
Taken

Received: _____

City Clerk

IMPORTANT

#491
REF 603

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: ARIS AUTO INC
 Somerville Address and Zip Code: 675 SOMERVILLE AV 02143
 Phone Number of the Business: 00003 CRAIGIE ST 617-776-9247

The Legal Name of the License Holder: George Varelis
 Street Address of the License Holder: 3920 MYSTIC VLLY PENNY AP 1013
 City, State and Zip Code of the License Holder: MEDFORD MA 02155
 Phone Number of the License Holder: 781-526-1784
 Email Address of the License Holder: arisautoinc@gmail.com

Where We Should Send Mail: Name: ARIS AUTO INC c/o George Varelis
 Street Address: 675 SOMERVILLE AV
 City, State and Zip Code: SOMERVILLE MA 02143
 Email: arisautoinc@gmail.com
 Phone Number: 617-776-9247

Federal ID # (Do Not Give a Social Security #): 042-831-606

Emergency Contact and Phone (For Fire Dept. Use): 781-526-1784 cel

Type of Business (Check Only One and Give the Names Indicated):
 Sole Proprietor: Name of Owner: George Varelis
 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)

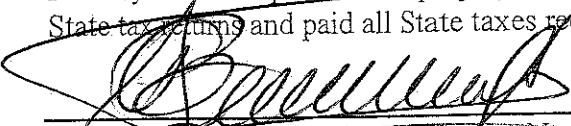
ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:
 -All information shown above is true and accurate.
 -Any changes above are subject to the approval of the Somerville Board of Aldermen.
 -I have filed all State tax returns and paid all State taxes required by law for this business.

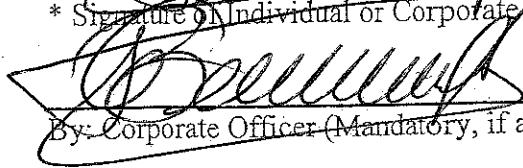
License Holder Signature: _____ Date _____

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.

 ADIS AUTO INC
* Signature of Individual or Corporate Name (Mandatory)


By: Corporate Officer (Mandatory, if a corporation)

042-831-606
** 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

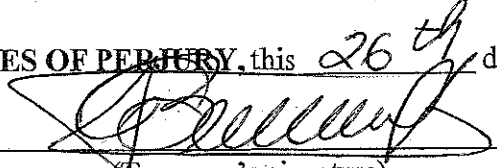
Exact name of taxpayer/applicant's business: GEORGE VARELIS ARI'S AUTO IN

Address of taxpayer/applicant's business in Somerville: 675 SOMERVILLE AVE 02143

Address of taxpayer/applicant's home in Somerville: _____

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

I, (print name) GEORGE VARELIS, 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 26th day of March, 2012.

(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: _____

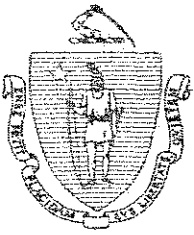
22 687167 # 24 901200 # 1187 # _____
3989

NOTES:

CLERK'S INITIALS: g

ORIGINAL STAMP:





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: GEORGE VARELIS
 address: 675 SOMERVILLE, AVE
 city: SOMERVILLE state: MA zip: 02143 phone # 617 776 9247

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 9 employees (full & part time). Other
 I am an employer providing workers' compensation for my employees working on this job.

company name: ARIS Auto INC
 address: 675 SOMERVILLE AVE
 city: SOMERVILLE phone #: 617 776 9247
 insurance co. SELECTIVE INSURANCE CO policy # W67955776

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 _____ 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
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____

check if immediate response is required

contact person: _____ phone #: _____

(revised Sept. 2003)