

NOTE: COMPLETE FORM AND FOWARD WITH FEE TO CITY CLERK' OFFICE.
DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFTY.

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION
1010 COMMONWEALTH AVE. BOSTON

RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE

In accordance with the provisions of Chapter 148, Section 13, of the
General Laws, the undersigned hereby certifies that:

GEORGE VARELIS Lic#: F-2012-129
3920 MYSTIC VALLEY PKWY. APT. #1013 B.O.A.#:
MEDFORD MA 02155 4444 Fee: \$550.00

Restricted to: 30,394 Gallons Total

Restricted as follows;

AMENDED -01/23/36, 01/26/67, 01/26/84 - STORAGE AND SALE
30,000 GALS. GASOLINE 3/12/92 ADDITIONAL STORAGE OF
54 GALS. FREEZONE AMENDED 10,000 GALS. OF GASOLINE
100 GALS. CRANK CASE OIL GRANTED
30 GALS. GREASE OIL (200 LBS.)
60 GALS. RANGE OIL

Is the holder of the license originally granted 05/08/1930
for the lawful use of the building (s) or other structure (s) situated or
to be situated at 00003 CRAIGIE ST
as related to the KEEPING, STORAGE, MANUFACTURE, OR SALE OF FLAMMABLES OR
EXPLOSIVES. City of Somerville.

Note: This Certificate of Registration must be signed by the holder of the
license if said license was granted prior to July 1, 1936, otherwise by the
owner or occupant of the land licensed.

_____ KINDLY CORRECT ANY ERRORS LISTED ON OUR CURRENT RECORDS ABOVE, _____
AND COMPLETE THE LOWER SECTION OF THIS RENEWAL APPLICATION.

Company Name: ARIS AUTO, INC. TEL: 617-776-9247
Company Address: 00003 CRAIGIE ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: X Corp: ___ Trust: ___ Agency ___ Ship ___
Gov't Partner Other

Owner Name: GEORGE VARELIS TEL: 781-391-3686
Owner Address: 3920 MYSTIC VALLEY PKWY. APT. #1013

Owner City: MEDFORD State: MA Zip: 02155
FID#: 042831606

This Application must be signed and filed with the required fee no later than
April 30, 2012. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by
04/30/2012 please advise this office at once.

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

Check one: Owner Occupant _____ Holder _____



Signature of Applicant

3920 MYSTIC VALLEY PKWY APT #1013
Address

MEDFORD MA 02155
City State Zip

** Office Use Only **
Mailed _____
Taken _____
Received: _____

City Clerk

CITY CLERK'S OFFICE
2012 APR 21 11:55

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 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:	617-716-9247

The Legal Name of the License Holder:	GEORGE VARELIS
Street Address of the License Holder:	3990 MYSTIC VALLEY PKWY APT# 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

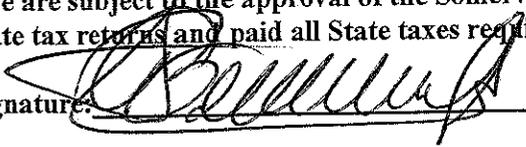
Where We Should Send Mail: Name:	GEORGE VARELIS
Street Address:	675 SOMERVILLE AV
City, State and Zip Code:	SOMERVILLE, MA 02143
Email:	ARIS AUTO INC@GMAIL.COM
Phone Number:	617 284 2110

Federal ID # (Do Not Give a Social Security #):	042831606
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Emergency Contact and Phone (For Fire Dept. Use):	781 526 1784
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Type of Business (Check Only One and Give the Names Indicated):
<input checked="" type="checkbox"/> Sole Proprietor: Name of Owner: GEORGE VARELIS
<input type="checkbox"/> Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:
<input type="checkbox"/> Trust: Names of All Trustees Who Own More Than 10%:
<input type="checkbox"/> 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)

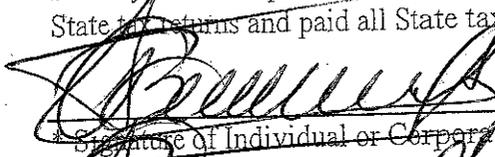
ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:
-All information shown above is true and accurate.
-Any changes above are subject to the approval of the Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by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

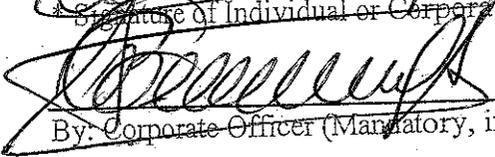
License Holder Signature:  Date: 26/March 2012

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.

 Acis 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
 Treasury Department
 JOSEPH A. CURTATONE
 MAYOR
CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: _____

BUSINESS LOCATION: 675 SOMERVILLE AV AND/OR

TAXPAYER'S HOME ADDRESS: 3920 MYSTIC VLLY PENY RD 1013

TAXPAYER/APPLICANT PHONE: DAY: 781-526-1784 **EVENING:** 781-526-1784

BUSINESS NAME: ARIS AUTO INC

BUSINESS ID NUMBER: 04-28331606 **BUSINESS PHONE:** 617-776-9247

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 to the City of Somerville 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 26 day of MARCH,

2012. [Signature] (Taxpayer's Signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____

TAXES AND ACCOUNT NUMBER(S)

**REAL ESTATE ID	**WATER/SEWER ID	**PERSONAL PROPERTY	**OTHER
<u>22687167</u>	<u>24902001</u>	<u>1187</u>	_____

NOTES:

CLERKS INITIALS: [Signature]

BUSINESS or BUILDING PERMIT

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 AV
 city: SOMERVILLE phone #: 617 776 9247
 insurance co. SELECTIVE INSURANCE CO policy # WC 7955776

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 year's 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 swear under the pains and penalties of perjury that the information provided above is true and correct.
 Signature: [Signature] Date: 26th March 2012
 Print name: George Varelis Phone #: 617-776-9247

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

city or town: _____ permit/license # _____
 check if immediate response is required

contact person: _____ phone #: _____

Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other

(revised Sept. 2003)



**The Commonwealth of Massachusetts
William Francis Galvin**

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

ARIS AUTO, INC. Summary Screen



Help with this form

Request a Certificate

The exact name of the Domestic Profit Corporation: ARIS AUTO, INC.

The name was changed from: ARIS GETTY, INC. on 5/1/1992

Entity Type: Domestic Profit Corporation

Identification Number: 042831606

Old Federal Employer Identification Number (Old FEIN): 000209526

Date of Organization in Massachusetts: 07/06/1984

Date of Revival: 10/12/1999

Date of Involuntary Dissolution by Court Order or by the SOC: 05/31/2007

Current Fiscal Month / Day: 06 / 30

Previous Fiscal Month / Day: 00 / 00

The location of its principal office:

No. and Street: 675 SOMERVILLE AVENUE
City or Town: SOMERVILLE State: MA Zip: 02143 Country: USA

If the business entity is organized wholly to do business outside Massachusetts, the location of that office:

No. and Street:
City or Town: State: Zip: Country:

Name and address of the Registered Agent:

Name: GEORGE VARELIS
No. and Street: 675 SOMERVILLE AVE.
City or Town: SOMERVILLE State: MA Zip: 02143 Country: USA

The officers and all of the directors of the corporation:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code	Expiration of Term
PRESIDENT	GEORGE VARELIS	3920 MYSTIC VALLEY PKWY., MEDFORD, MA USA 3920 MYSTIC VALLEY PKWY., MEDFORD, MA USA	
TREASURER	GEORGE VARELIS	3920 MYSTIC VALLEY PKWY., MEDFORD, MA USA 3920 MYSTIC VALLEY PKWY., MEDFORD, MA USA	
SECRETARY	GEORGE VARELIS	3920 MYSTIC VALLEY PKWY., MEDFORD, MA USA 3920 MYSTIC VALLEY PKWY., MEDFORD, MA USA	