



**CITY OF SOMERVILLE
BOARD OF ALDERMEN
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600**

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

**JAMES DAVIDIAN
345 THOREAU ST
CONCORD, MA 01742**

License #: **35**
Fee: **550.00**
Account ID: **38**
Reference #: **35**

Review and update the information below. If you have worker's compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: UNION GULF SERVICE LLC Business Location: 231 WASHINGTON ST Business Phone: 617-623-9294	
License Holder: UNION GULF SERVICE LLC 231 WASHINGTON ST SOMERVILLE, MA 02143 617-623-9294	
Mailing Address: JAMES DAVIDIAN 345 THOREAU ST CONCORD, MA 01742	
Business Type: CORPORATION (INC. LLC) MANAGER - GREGORY DAVIDIAN MANAGER - JAMES DAVIDIAN	
FID: 450548309	
Food Manager/Emergency Contact: JIM DAVIDIAN 617-930-9607	

2013 DEC -4 P 2:46
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

6 VEHICLES

Description of Location and/or Other Conditions:

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 BOARD OF ALDERMEN.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: Date: 12/4/13
Print Name: JAMES DAVIDIAN Phone: 617 623 9294

FINAL NOTICE OF PREMIUM DUE

If you have recently submitted your payment, please disregard this billing invoice.



Phone: 1-888-866-2666

Fax: 1-605-335-0357

Email: uwservices@cnasurety.com

Company#: 0601

Bond/Policy#: 69610280

Billing Date: 10/04/2013

Due Date: 11/04/2013

Premium: \$250.00

JAMES DAVIDIAN
231 WASHINGTON ST.
SOMERVILLE, MA 02143

Amount Due: \$250.00

Company#: 0601
Bond/Policy#: 69610280
Effective Date: 11/04/2013 Anniversary Date: 11/04/2014
Bond amount: \$25,000.00
Name: JAMES DAVIDIAN DBA UNION GULF SERVICE
Description: MA SECOND HAND MOTOR VEHICLE DEALER

Written By: WESTERN SURETY COMPANY

Please pay the amount indicated to CNA Surety immediately if payment has not yet been made. If payment is not received notice of cancellation may be issued. Prompt payment allows us to issue or continue your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: (781)431-2500
Agency Code: 20-17986

**Northstar Insurance
Services, Inc.
300 First Ave., Ste. 100
Needham, MA 02494**

YOU CAN PAY ONLINE BY VISITING ONLINEPAY.CNASURETY.COM

Please detach and return the coupon below with your payment. Please send payment to the address below.
For overnight payments please call 1-888-866-2666



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: UNION GOLF SERVICE

Address of taxpayer/applicant's business in Somerville: 231 WASHINGTON ST

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

Taxpayer/applicant's phone: day: 617 239 294 evening: 617 930 9602

I, (print name) JAMES DAMIAN, 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 4TH day of

DECEMBER, 20 13. [Signature]
(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: _____

15723 # 119007011 # 1290 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: RECEIVED 12/4/13 0

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: UNION GOLF SERVICE
Address: 231 WASHINGTON ST
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617 623 9294

- I am an employer with _____ 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: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

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: James O'Connell Date: 12/4/13
Print Name: JAMES O'CONNELL

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____

Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____