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 General Laws, the undersigned her JAMES DAVIDIAN 345 THOREAU STREET CONCORD MA 01742 4444	Lic#: F-2012-148 B.O.A.#:
Restricted to: 18,600 Gallor Restricted as follows; AMENDED 01/14/32, 06/09/55 4/25/9 16,000 GALS. GASOLINE 600 GALS. LUB OIL 220 GALS. KEROSENE 120 GALS. ALCOHOL 650 GALS. FUEL OIL	01 ADD'I 6 000 GALS GAS WITH RESTRIC
to be situated at 00231 WASHINGT as related to the KEEPING, STORAGE EXPLOSIVES. City of Somerville. Note: This Certificate of Registre license if said license was grant owner or occupant of the land license was described by the complex constant of the land license was grant of the land license or occupant of the land license was grant owner or occupant of the land license was grant owner or occupant of the land license was grant owner or occupant of the land license was grant owner.	ng (s) or other structure (s) situated or CON ST SE, MANUFACTURE, OR SALE OF FLAMMABLES OR sation must be signed by the holder of the ted prior to July 1, 1936, otherwise by the censed. STED ON OUR CURRENT RECORDS ABOVE,
Company Name: UNION GULF SERVICE, Company Address: 00231 WASHINGTON ST City: SOMERVILLE Stat Check One: Individual: X Co: Corp: True	M3 (7-1
Owner Name: <u>JAMES DAVIDIAN</u> Owner Address: <u>345 THOREAU STREET</u>	Telá 3
Owner City: CONCORD FID#: 028167013	State: MA Zip <u>01742</u>
April 30, 2012. The responsibility for the renewal application is not responsible of the renewal application must be significant.	eturned to the City Clerk's office by eat once.
Agnature of Applicant	** Office Use Only ** Mailed Taken
Address Concong mp 0/142 City State Zip	Received: 19/12 - 19/15 - 19/12 - 19/1

IMPORTANT

LIC 845

	-	-	** 1	
Dear		 ~~		A 100

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: UNION GULF SERVICE LCC	
Somerville Address and Zip Code: 231 WASHINGTON ST SOM. MA	- 0214
Phone Number of the Business: 617 6239294	
The are not properly	
The Legal Name of the License Holder: Tom B DAVIDIAN	
Street Address of the License Holder: 34T THONGAU 5T	2
City, State and Zip Code of the License Holder: <u>CONCOND</u> MB 0/74	
Phone Number of the License Holder: 918371 6968	
Email Address of the License Holder: JOAVIDION @ MSW.C	<u> </u>
Where We Should Send Mail: Name: TAM ES OBVIDIAN	
Street Address: 345 THORAN ST	
City, State and Zip Code: Concord MA 01792	
Email: J parinial & msw. com	
Phone Number: 928 371 09 68	-
Federal ID # (Do Not Give a Social Security #): 450 54 83 09	
Emergency Contact and Phone (For Fire Dept. Use): TIM DAVIDIAN 617930	9607
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: JAM & DAVIGIAN	
Name of Secretary:	
Name of Treasurer:	
Other (Attach a Description of the Form of Ownership and the Names of Owners)	
	ng is true

-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: UNION GUE SENVICE CCC	
Address of taxpayer/applicant's business in Somerville: 231 washing 700 Somerville:	
Address of taxpayer/applicant's home in Somerville:	
Taxpayer/applicant's phone: day: 6176239299 evening: 617 930 9607	
I, (print name) Tormes Daviora, 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	
, 20 (Taxpayer's signature)	
CITY'S ACKNOWLEDGEMENT	
DATE OF ISSUANCE:	
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:	
Real Estate	
#04172070 #119007011 # 1332 #	
NOTES: CLERK'S INITIALS: ORIGINAL STAMP: ORIGINAL STAMP:	2



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

ATTEMPT CALIFORNIA COLORANO	PRINI legibly	and the second second second second
name: UNION GULF SERVICE		
address: 231 WASA, NOTON	57	
city Someovice state: MA	zip: 02143 phone # 617 (23 9.	294
work site location (full address): Business Type Business Type	e: Retail Restaurant/Bar/Eating Establishment	· · · · · · · · · · · · · · · · · · ·
	ffice Sales (including Real Estate, Autos etc.) Other	
I am an employer with employees (full & part time)		
I am an employer providing workers' compensation for m	y employees working on this job.	
company name:		
address:		
	phone #:	
city:		Parityš Pripisacy
insurance co.	policy#	
I am a sole proprietor and have hired the independent con	ntractors listed below who have the following workers	
compensation polices:		
company name:		
address:		
	phone#	
city:		
insurance co.	policy#	
company name:		
address:		oj vienti. Naj 1-11
City:	phone#:	
insurance co.	policy#	
Attach additional sheet it necessary	can lead to the imposition of criminal penalties of a fine up to \$1,500	0.00 and/o
Failure to secure coverage as required under Section 25A of MGL 152 one years' imprisonment as well as civil penalties in the form of a STO copy of this statement may be forwarded to the Office of Investigation:		tand that a
copy of this statement may be forwarded to the Office of Investigation.	A	
I do hereby certify under the pains and penalties of perjury that to	Date 3/29/12	
Signature 4		2 94
Print name Thous Downoin	Phone# 6/2 623 92	
Similar use only		
city or town:	☐Licensing Board	
check if immediate response is required	Health Departme	
official use only do not write in this area to be completed by ci city or town: Check if immediate response is required contact person: (revised Sept. 2003)	phone#;Other	_
Italian pelu nosi		