

CITY OF SOMERVILLE  
MASSACHUSETTS  
OFFICE OF THE CITY CLERK

\$500

RENEWAL APPLICATION FOR GARAGE LICENSE

GEORGE KAZAZIAN  
224 SOMERVILLE AVENUE  
SOMERVILLE MA 02143

LIC #: 2011-087  
B.O.A.#  
2011 APR 27 A 10:01

\*\*\* 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: \_\_\_

CITY CLERK'S OFFICE  
SOMERVILLE, MA

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 \$500.00 not later than April 30, 2011. 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 \_\_\_ Ship \_\_\_ Other \_\_\_  
Gov't Partner  
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 04/30/2011, 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 #: 2011-087  
FEE: \$500.00

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

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

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

\*\* Office Use Only \*\*  
Mailed \_\_\_\_\_  
Taken \_\_\_\_\_  
Received: \_\_\_\_\_  
\_\_\_\_\_  
City Clerk

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.

 BARNES F WALSH  
\* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

018-50-2483      046-400-301  
\*\* 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: 617-6256900 evening: 781-8916911

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: \_\_\_\_\_

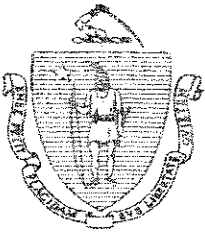
# 89000161      # 120843011      # 36000956      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

RECEIVED  
Barnes  
4-27-11



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street, 7<sup>th</sup> 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 # 617-6256900

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 George Kazazian Date 3-28-11  
 Print name GEORGE KAZAZIAN Phone # 617-6256900

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)



ONE TOWER SQUARE  
HARTFORD, CT 06183

**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

**TYPE V INFORMATION PAGE WC 00 00 01 ( A)**

**POLICY NUMBER: (IHUB-4542N47-0-11)**

**RENEWAL OF (IHUB-4542N47-0-10)**

**INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA**

**NCCI CO CODE: 13439**

1.

**INSURED:**

GEORGE KAZAZIAN DBA  
BARNES & WALSH CO.  
224 SOMERVILLE AVE.  
SOMERVILLE MA 02143

**PRODUCER:**

T EDMUND GARRITY & CO IN  
545 CONCORD AVENUE  
SUITE 16  
CAMBRIDGE MA 02138

Insured is AN INDIVIDUAL

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 04-14-11 to 04-14-12 12:01 A.M. at the insured's mailing address.

3. **A. WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

MA

**B. EMPLOYERS LIABILITY INSURANCE:** Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident:	\$	100000	Each Accident
Bodily Injury by Disease:	\$	500000	Policy Limit
Bodily Injury by Disease:	\$	100000	Each Employee

**C. OTHER STATES INSURANCE:** Part Three of the policy applies to the states, if any, listed here:

AL AR AZ CA CO CT DC DE FL GA HI IA ID IL IN KS KY LA MD ME MI MN  
MO MS MT NC NE NH NJ NM NV NY OK OR PA RI SC SD TN TX UT VA VT WI  
WV

**D.** This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made ANNUALLY.

**DATE OF ISSUE: 03-04-11 KS**  
**OFFICE: ELMIRA NY SRV CTR 700**  
**PRODUCER: T EDMUND GARRITY & CO IN**

**DIRECT BILL**

**XV823**