

70 SPACES

APPLICATION FOR AN OUTDOOR PARKING LICENSE

Application Fee \$20.00 per space X 70 SPACES

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	2011 APR 14 A 10:42
Amount Paid	

✓ Date 4/13/11

CITY CLERK'S OFFICE
SOMERVILLE, MA

- New Application
- Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

Applicant's Legal Name: URBAN EQUITY DEVELOPMENT Co. Phone (978) 470-0189 ✓

Applicant's Address (with Zip Code): 3 CRENSHAW LN, ANDOVER, MA 01810

✓ Applicant's Email Address: YCCC59@ADL.COM

✓ Applicant's Federal Employer Identification Number: 04-2538505

Business DBA Name (if applicable):

Business Location (with Zip Code): 55 DAY ST. # 108-112 DOVER ST. SOMERVILLE 02144

Mailing Name (where we should send correspondence to): SAME AS ABOVE

Mailing Address (with Zip Code): 3 Crenshaw Lane Andover MA 01810

Emergency Contact: LEO ROY Phone: 508-423-8600

- ✓ Type of Business (Check one):
- Sole Proprietor
 - Partnership (inc. ^{Limited} LLP)
 - Trust
 - Corporation (inc. LLC)
 - Other

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Yvon Cormier

Address with Zip Code: 3 Crenshaw Lane Andover MA 01810

Partner's/Member's/Secretary's Name:

Address with Zip Code:

Partner's/Member's/Treasurer's Name:

Address with Zip Code:

Square Footage of the Space to be Used for Parking: 23,245 Square Feet.

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

✓ Signature of Applicant: *Yves Cormier* ✓ Date: 4/13/11
✓ Print Name: Yves Cormier ✓ Phone: (978)470-0189

FOR NEW OR EXPANDING APPLICANTS ONLY:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a _____ Zone.

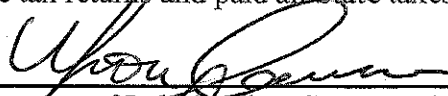
- _____ The use is permitted as of right
- _____ The use requires a special permit
- _____ The use is prohibited

Maximum number of motor vehicles to be kept on the premises: _____

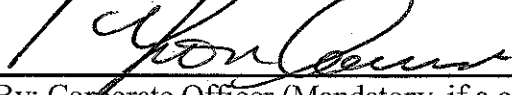
Signature: _____ Title _____ Date: _____

**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)

028-30-8509 04-2538505

**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: URBAN EQUITY DEVELOPMENT COMPANY

Address of taxpayer/applicant's business in Somerville: 7-9 & 11-13 HERBERT ST.

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

Taxpayer/applicant's phone: day: 508-423-8600 evening: _____

I, (print name) ROCCO ANTONELLI, 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 6TH day of APRIL, 20 11. R. J. Antonelli
(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: _____
21684075 # N/A # N/A # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP: received
UBarras
4-6-11

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Urban Equity Devel. Co. / Yvon Cormier Constr. Corp.
Address: 3 Crenshaw Lane
City: Andover State: MA Zip: 01810 Phone #: (978) 470-0189

- I am an employer with 20+ employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: Chartis (AIG Insur)
Address: 175 Water Street
City: New York State: Ny Zip: 10038 Phone #: _____
Policy #: WC 009870724 Expiration Date: 5/11/11

Applicant certification:

5/11/10 - 5/11/11

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: Yvon Cormier Date: 4/13/11

Print Name: Yvon Cormier

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 _____