

**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 you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Outdoor Parking  
License Number: ~~#191327~~ #191328  
Business Name: Urban Equity Development Company  
Location: ~~55-59 Day St & 108-112 Dover St.~~ 7-9-11-13 Herbert St.  
Spaces: ~~20~~ 20  
Special Conditions (if any):

2012 APR 30 P 2:46  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

Renewal Fee (Return with this application): \$20 per Space

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business: URBAN EQUITY DEVELOPMENT CO.  
Somerville Address and Zip Code: 7-9-11-13 Herbert St.  
Phone Number of the Business: 508-423-8600

The Legal Name of the License Holder: URBAN EQUITY DEVELOPMENT CO.  
Street Address of the License Holder: 3 CRENSHAW LN  
City, State and Zip Code of the License Holder: ANDOVER, MA 01810  
Phone Number of the License Holder: 508-423-8600  
Email Address of the License Holder: YCCC59@AOL.COM

Where We Should Send Mail: Name: URBAN EQUITY DEVELOPMENT CO.  
Street Address: 3 CRENSHAW LN  
City, State and Zip Code: ANDOVER, MA 01810  
Email: YCCC59@AOL.COM  
Phone Number: 508-423-8600

Federal ID # (Do Not Give a Social Security #): 04-2538505

Emergency Contact and Phone (For Fire Dept. Use): LEO ROY 508-423-8600

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%: \_\_\_\_\_

YVON CORMIER 100%

Trust: Names of All Trustees Who Own More Than 10%: \_\_\_\_\_

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)

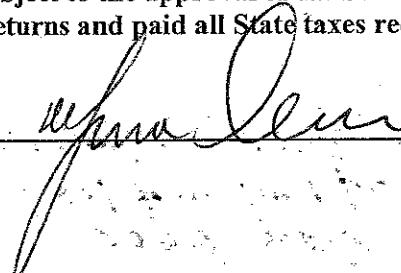
**ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:**

-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 4/24/12



City of Somerville, Massachusetts  
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: URBAN EQUITY DEVELOPMENT CO.

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

Address of taxpayer/applicant's home in Somerville: N/A

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

I, (print name) LEO ROY, 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 9<sup>TH</sup> day of APRIL, 2012.  
Leo Roy  
(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: \_\_\_\_\_

# 6953      # N/A      # \_\_\_\_\_      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:



RECEIVED  
URBAN EQUITY  
4-24-12

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: URBAN EQUITY DEVELOPMENT CO. / YVON LORMIER 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).  
 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: CHARTIS (AIG INSURANCE)

Address: 175 WATER ST.

City: NEW YORK

State: NY

Zip: 10038 Phone #:

Policy #: WC 009870724

Expiration Date: 5/11/12

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: [Signature]

Date: 4/29/12

Print Name: YVON LORMIER

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

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_