



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Flammables License

JAMES DAVIDIAN
345 THOREAU ST
CONCORD MA 01742


License #: BL15-000845
File #: 15-38
Fee: 550

Review and update the information below. If you have workers 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: JAMES DAVIDIAN Business Location: 231 WASHINGTON ST Business Phone: 978-371-0968	Home Phone 978 371 0968 Business Phone (617) 623 9294
License Holder: JAMES DAVIDIAN 345 THOREAU ST CONCORD MA 01742	CITY CLERK'S OFFICE SOMERVILLE MA 2015 APR - 8 PM 2:01
Mailing Address: JAMES DAVIDIAN 345 THOREAU ST CONCORD MA 01742	
Business Type: Corporation GREGORY DAVIDIAN JAMES DAVIDIAN	
FID: 450548309	
Emergency Contact: JIM DAVIDIAN Phone: 617-930-9607	
# of Gallons of Flammables to be Stored: 18600 Describe Flammables to be Stored: Not yet provided. Proposed Hours of Operation: Not yet provided.	

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: 4/9/15

Printed Name: JAMES DAVIDIAN Phone: 617 623 9294



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

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

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

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

Taxpayer/applicant's phone: day: 617 623 9299 evening: 617 930 9607

I, (print name) James Davison, 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

April, 20 15. [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: _____

15843 # 119007011 # 1245 # _____

NOTES:

CLERK'S INITIALS: UPB

ORIGINAL STAMP:

UBonaw
4-8-15

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: UNION GOLF SERVICE LLC
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). 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: N/A
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: [Signature] Date: 4/9/15
Print Name: JAMES DAVIDIAN

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 _____