



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

Application to Renew Garage License

**SOMERVILLE HOUSING GROUP TRUST III
ACTIONVEST MANAGEMENT CORP
1667 COMMONWEALTH AVENUE
BRIGHTON MA 02135**

License #: BL15-000599
File #: 15-487
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: SOMERVILLE HOUSING GROUP TRUST III Business Location: 481 COLUMBIA ST Business Phone: 617-783-8888	
License Holder: SOMERVILLE HOUSING GROUP TRUST III ACTIONVEST MANAGEMENT CORP 1667 COMMONWEALTH AVENUE BRIGHTON MA 02135	
Mailing Address: SOMERVILLE HOUSING GROUP TRUST III ACTIONVEST MANAGEMENT CORP 1667 COMMONWEALTH AVENUE BRIGHTON MA 02135	
Business Type: Trust DAVID APOSHIAN	
FID: 043548609	
Emergency Contact: ACTIONVEST MANAGEMENT Phone: 617-783-8881	
Proposed Hours of Operation if outside standard hours: MO-FR 8AM-6PM, SA 8AM-2PM # of Vehicles Kept Inside: 252 # of Vehicles Kept Outside: 0 Open to the public? Yes Mechanical repairs? No Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? Yes Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	

2015 APR 27 P 1:13
CITY CLERK'S OFFICE
SOMERVILLE, MA

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: 04-17-2015

Printed Name: Eric L. Mason Phone: 617-783-8888



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Somerville Housing Group Trust, III
Address of taxpayer/applicant's business in Somerville: 481 Columbia Street
Address of taxpayer/applicant's home in Somerville: 90 Actionvest Management Corp
1667 Commonwealth Avenue
Brighton, MA 02135
Taxpayer/applicant's phone: day: 617-783-8888 evening:

I, (print name) Eric Mason, Managing Agent, 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 17th 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: _____

3800 # _____ # _____ # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP: 

Barrows
4-27-15

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: Somerville Housing Group Trust, III
Address: 90 Actionvest Management Corp 1667 Commonwealth Ave
City: Brighton State: MA Zip: 02135 Phone #: 617-783-8888

- ☐ 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 Parking Garage

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
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: 07-17-15
Print Name: Eric L. Mason Managing Agent

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 _____