

CIC 1676



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

550.00

APPLICATION TO RENEW FLAMMABLES LICENSE

JAMES DAVIDIAN
345 THOREAU ST
CONCORD, MA 01742

License #: 845

City #F148

Fee: 550.00

Account ID: 38

Reference #: 845

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: For UNION GULF SERVICE LLC Business Location: 231 WASHINGTON ST Business Phone: 617-623-9294	
License Holder: UNION GULF SERVICE LLC 231 WASHINGTON ST SOMERVILLE, MA 02143 617-623-9294	
Mailing Address: JAMES DAVIDIAN CONCORD, MA 01742	
Business Type: CORPORATION (INC. LLC) MANAGER - GREGORY DAVIDIAN MANAGER - JAMES DAVIDIAN	
FID: 450548309	
Food Manager/Emergency Contact: JIM DAVIDIAN 617-930-9607	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)
Hours: **MO-SU 5 AM - MIDNIGHT**

Description of Location and/or Other Conditions:

Originally Issued 1/27/1927, Amended 01/14/32, 06/09/55, 4/25/91. 16,000 Gals. Gasoline, 180 Gals. Motor Oil, 600 Gals. Lub Oil, 100 Gals. Grease, 220 Gals. Kerosene, 170 Gals. Anti-Freeze, 120 Gals. Alcohol, 30 Gals. Grease, 650 Gals. Fuel Oil.

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: James Davidian

Date

4/24/13

Print Name:

JAMES DAVIDIAN

Phone

(617) 930 9607

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: Union Gulf 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: _____
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: James Davis Date: 4/24/13
Print Name: James Davis

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

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

Address of taxpayer/applicant's business in Somerville: 231 WASH. ST SOM MA 02143

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

Taxpayer/applicant's phone: day: 617 623 9294 evening: 617 930 9607

I, (print name) James Davidson, 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 24 day of
APRIL, 20 13. James Davidson
(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: _____

15585 # 119007011 # 1307 # _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

