

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

SAMAY, INC./MIRIAN SAMAYOA
73 SUMMER ST
SOMERVILLE MA 02143

LIC #: 2011-231
B.O.A.# 185406

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: ___ Parking or Storing Vehicles: ___
Washing Vehicles: ___ Spray Painting: ___ Operating a Tow Vehicle: ___

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
This Certificate must be signed and filed with the required fee of \$550 not
later than April 30, 2011. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current
records below. Please print or type your information, except for signature.

Company Name: SAMAY, INC TEL: 617-776-6667
Company Address: 00073 SUMMER ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Gov't Ship ___ Partner Other ___

Owner Name: SAMAY, INC./MIRIAN SAMAYOA TEL: 508-241-6887
Owner Address: 73 SUMMER ST

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 261752423

This renewal is being sent to you as a courtesy, please file on time. If this
renewal is not returned to City Clerk's office by 04/30/2011, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-06:30 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2011-231
FEE: \$550.00

This is to certify: SAMAY, INC./MIRIAN SAMAYOA
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 02/17/2005

Garage situated at: 00073 SUMMER ST
Doing business as : SAMAY, INC

Shall not exceed: 2 Vehicles Inside & 10 Vehicles Outside, not on public ways
in addition the following restrictions apply:

- 1. All vehicles shall be serviced inside the building and not on any pub
lic or private way. 2. All vehicles shall be stored within property lin
es.3. Parking-no blocking of the sidewalk or any public way, including d
uring snow removal periods 4.Parking no vehicles are to be parked along
Summer St. or School St.

APPROVED FOR 10 VEHICLES AND 2 ZIP CARS

This renewal certificate must be signed by the holder of the license.
Check One: Owner Occupant Holder

Signature of Applicant
73 Summer ST
Address
Somerville MA 02143
City State Zip


** Office Use Only **
Mailed
Taken
Received: CK 1648
\$550-
City Clerk

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.

Samay Inc d/b/a Samerville Gas
* Signature of Individual or Corporate Name (Mandatory)

 President
By: Corporate Officer (Mandatory, if a corporation)

26-1752423
** 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

- 1. Exact name of taxpayer/applicant's business: Samay, Inc. d/b/a Somerville Gas
- 2. Address of taxpayer/applicant's business in Somerville: 73 Summer street Somerville MA
- 3. Address of taxpayer/applicant's home in Somerville: _____
- 4. Taxpayer/applicant's phone: day: 617-776 6667 evening: 508 241 6887

I, Miriam Samayoa President 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 _____, 20____
[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: _____

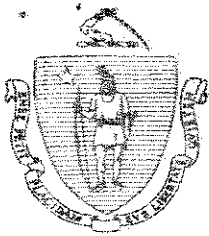
14017 # 248077001 # 1215 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

RECEIVED
UBauer
1-18-12



The Commonwealth of Massachusetts

Department of Industrial Accidents

Office of Investigations

600 Washington Street, 7th Floor

Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: Samay, Inc. d/b/a Somerville Gas

address: 73 Summer Street

city: Somerville state: MA zip: 02143 phone #: 617-776-6667

work site location (full address):

I am a sole proprietor and have no one working in any capacity. Business Type: Retail Restaurant/Bar/Eating Establishment Office Sales (including Real Estate, Autos etc.)

I am an employer with 2 employees (full & part time). Other

I am an employer providing workers' compensation for my employees working on this job.

company name: Samay, Inc. d/b/a Somerville Gas

address: 73 Summer Street

city: Somerville, MA 02143 phone #: 617-776-6667

insurance co. policy #

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: NorGuard Insurance Company Phil Richard & Assoc Inc.

address: 491 MAPLE ST suite 102

city: Danvers, MA 01923 phone #:

insurance co. policy # SAWZ243447

company name:

address:

city: phone #:

insurance co. policy #

Attach additional sheet if necessary

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: 01-19-2012

Print name: Miriam Samayoa Phone #: 617-776-6667

official use only do not write in this area to be completed by city or town official

city or town: permit/license # Building Department

check if immediate response is required Licensing Board

contact person: phone #: Selectmen's Office

(revised Sept. 2003) Health Department

Other