

# GARAGE LICENSE APPLICATION

Nonrefundable Application Fee \$550.00

2013 DEC -9

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	12/9/13
Amount Paid	\$550.00

Date 10-17-13

CITY CLERK'S OFFICE  
SOMERVILLE, MA

New Application

For the storage of 5 vehicles inside

Renewing Application with Additions or Changes

25 vehicles outside

Renewing Application with NO Additions or Changes

Business (DBA) Name: CHRIS'S AUTO SERVICE Phone: 617-623-5200

Applicant's Federal Employer Identification Number: 270-210-382

Applicant's Legal Name: YURI BABAYAN

Applicant's Address (with Zip Code): 371 HIGHLAND AVE

Mailing Name (where we should send correspondence to): CHRIS'S AUTO SERVICE

Mailing Address (with Zip Code): 371 HIGHLAND AVE SOMERVILLE 02144

Emergency Contact: JACE BABAYAN Phone: 617-699-1950

Type of Business (Check Only One and Provide the Names Indicated):

**Sole Proprietor:** Name of Owner: \_\_\_\_\_

**Partnership (inc. LLP):** Name of Partnership: \_\_\_\_\_  
Names of All Partners Who Own More Than 10%: \_\_\_\_\_

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

**Corporation:** Name of Corporation: \_\_\_\_\_  
Name of President: \_\_\_\_\_  
Name of Secretary: \_\_\_\_\_ Name of Treasurer: \_\_\_\_\_

**LLC:** Name of LLC: CHRIS'S AUTO SERVICE  
Names of All Managers Who Own More Than 10%: YURI BABAYAN,  
ANTRANIK SARKISSIAN

**Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Business (DBA) Name: \_\_\_\_\_

1. Will you be open to the public at this location? Y  N
2. Will you be doing mechanical repairs of vehicles at this location? Y  N
3. Will you be doing autobody work on vehicles at this location? Y  N
4. Will you be spray painting vehicles or parts at this location? Y  N
5. Will you be washing vehicles at this location? Y  N
6. Will you be charging money to park vehicles at this location? Y  N
7. Will you be storing registered vehicles at this location? Y  N
8. Will you be storing unregistered vehicles at this location? Y  N
9. Will you be operating a tow vehicle at this location? Y  N

Have you ever obtained a garage license before? Y  N

If yes, list year, city and state \_\_\_\_\_

Have you ever been denied a garage license? Y  N

If yes, list year, city and state \_\_\_\_\_

Have you ever had a garage license revoked or suspended? Y  N

If yes, list year, city and state \_\_\_\_\_

Describe all of the premises to be used in the business: GARAGE & PARKING LOT  
at 371 HIGHLAND AVE Somerville

The hours of operation for garages are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

8-7 MON-FRI, 8-3 SAT, closed on Sunday

**ACKNOWLEDGEMENT**

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on April 30, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. 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.

Signature of Applicant: [Signature] Date 10-17-13

Business Name: CHRIS'S AUTO SERVICE

Business Address: 371 HIGHLAND AVE Somerville 02144

**INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:**

The building located at the premises mentioned above is in a CBD Zone.

- The use is permitted as of right
- The use requires a special permit
- The use is prohibited

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the State Building Code. (NOTE: This statement is NOT a certificate of occupancy, nor does it replace the requirement for a certificate of occupancy.)

Maximum number of motor vehicles to be kept on the premises: 3 inside  
10 outside

Signature: LEO KARAPETIAN/JSL Date: 12/9/13

Print Name: LEO KARAPETIAN Title: ISA INSPECTOR

**FIRE PREVENTION BUREAU RECOMMENDATION**

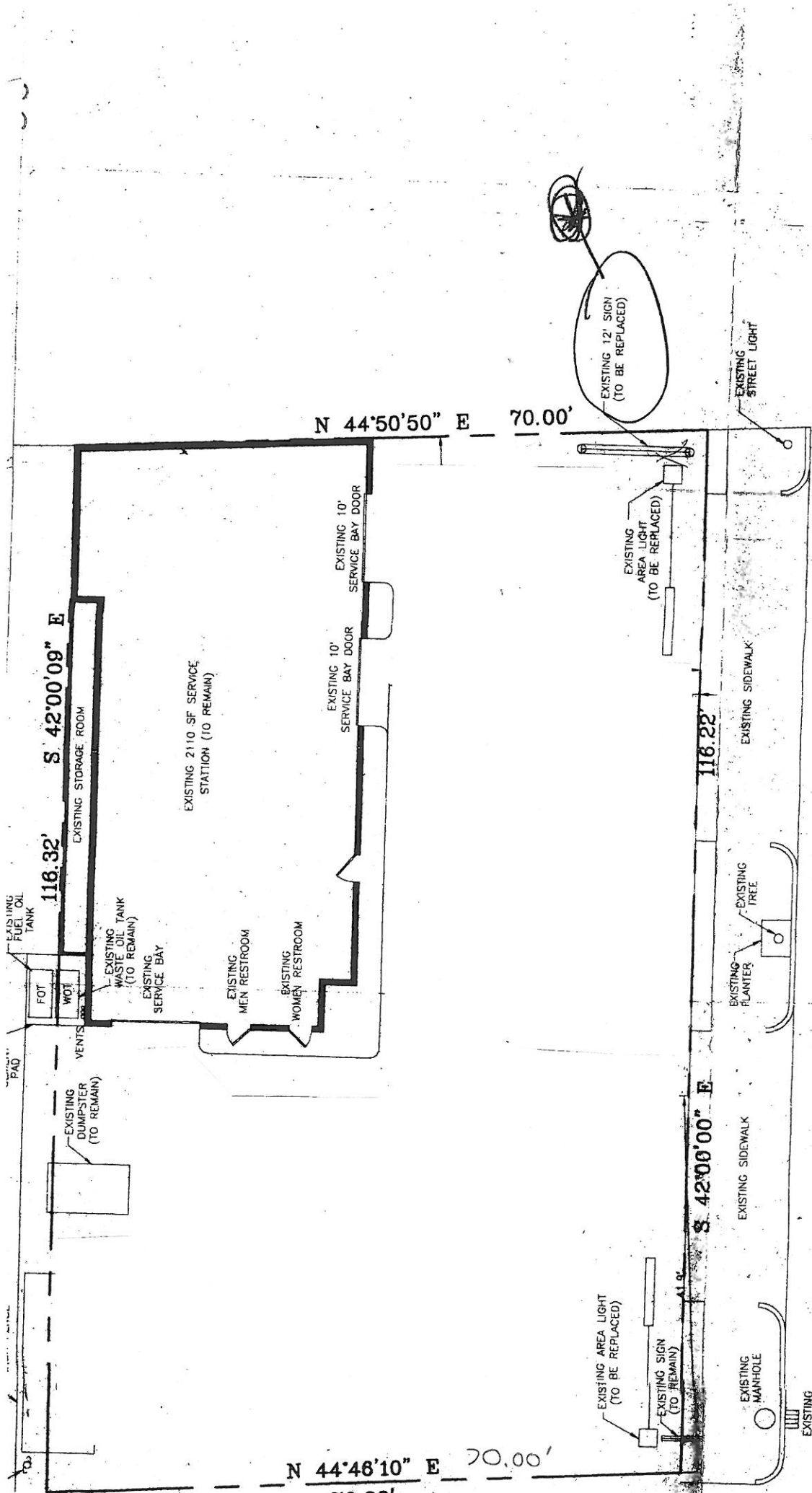
I have inspected the premises mentioned above and based on my inspection:

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the Fire Safety Code. (NOTE: This statement is NOT a storage of flammables permit, nor does it replace the requirement for a storage of flammables permit.)

- A 148 sec. 13 License is required
- A 148 sec. 13 License is NOT required

Signature: [Signature] Date: 12/9/13

Print Name: WILLIAM HALLINAN Title: DEPUTY CHIEF



EXISTING 12' SIGN (TO BE REPLACED)

HIGHT AND AVE



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: CHRIS'S AUTO SERVICE

Address of taxpayer/applicant's business in Somerville: 371 HIGHLAND AVE

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

Taxpayer/applicant's phone: day: 617-623-5200 evening: 617-699-1950

I, (print name) GURI BABAYAN, 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\_\_\_\_\_.

(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: \_\_\_\_\_

# 1328      # 316026001      # \_\_\_\_\_      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: (Signature)

ORIGINAL STAMP: 

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: CHRIS'S AUTO SERVICE  
Address: 371 HIGHLAND AVE  
City: SOMERVILLE State: MA Zip: 02144 Phone #: 612-623-5200

- I am an employer with 1 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 CAR REPAIR

Workers' compensation insurance information (if applicable):

Insurance Company Name: PEERLESS INSURANCE, TRAVELERS  
Address: 150 WELLS AVE  
City: NEWTON State: MA Zip: 02459 Phone #: 617-964-5340  
Policy #: IH-UB-4C21901-2-12 Expiration Date: 3-19-2014

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: 10-17-13  
Print Name: YURI BABAYAN

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 \_\_\_\_\_