



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

APPLICATION TO RENEW GARAGE LICENSE

JAMES DAVIDIAN
345 THOREAU ST
CONCORD, MA 01742

License #: **846**
City # **G265**
Fee: **550.00**
Account ID: **38**
Reference #: **846**

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: 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 345 THOREAU ST 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-FR 7AM-6PM, SA 8AM-2PM**

OPEN TO THE PUBLIC

- 1 MECHANICAL REPAIRS
- 1 STORING VEHICLES
- 4 VEHICLES INSIDE
- 4 VEHICLES OUTSIDE
- 1 WASHING VEHICLES

Description of Location and/or Other Conditions:
Originally Issued 12/9/2010. No Auto Body. No Spray Painting. No Operating Tow Vehicles.

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: 3/24/14
Print 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 GOLF SERVICE

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

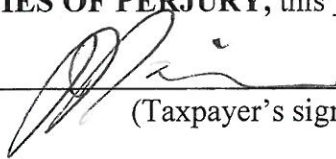
Address of taxpayer/applicant's home in Somerville: _____

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

I, (print name) Thomas Domician, 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

March, 2014.


(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: _____

15723 # 119007011 # 1290 # _____

NOTES:

CLERK'S INITIALS: 

ORIGINAL STAMP:  

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 GOLF SERVICE

Address: 231 WASHINGTON ST

City: SOMERVILLE State: MA Zip: 02143 Phone #: 6176239299

- 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): N/A

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: _____ Date: _____

Print Name: _____

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

- Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____

Contact Person: _____ Phone #: _____