



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

APPLICATION TO RENEW OUTDOOR PARKING LICENSE

534 CENTRAL LLC
35 MAIN ST #1
WAYLAND, MA 01778

License #: **120**

Fee: **240.00**

Account ID: **130**

Reference #: **120**

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: 534 CENTRAL LLC Business Location: 11 WASHINGTON ST Business Phone: 617-212-6932	
License Holder: 534 CENTRAL LLC 35 MAIN ST #1 WAYLAND, MA 01778 617-212-6932	
Mailing Address: 534 CENTRAL LLC 35 MAIN ST #1 WAYLAND, MA 01778	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JORGE VINHA SECRETARY - JORGE VINHA TREASURER - JORGE VINHA	
FID: 262783368	
Food Manager/Emergency Contact: JORGE VINHA 617-212-6932	

Conditions: *(to change any conditions, submit a new application. Contact the City Clerk's Office for more information)*

Hours: **NOT APPLICABLE**

12 SPACES

Description of Location and/or Other Conditions:

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

3/10/14

Print Name: _____

Phone

(617) 438-3885



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: 534 Central LLC

Address of taxpayer/applicant's business in Somerville: 11 Washington St

Address of taxpayer/applicant's home in Somerville: n/a

Taxpayer/applicant's phone: day: (617) 212-6932 evening: n/a (same)

I, (print name) Jorge Vinha, 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 10 day of March, 2014. [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: _____
15682 # 109099001 # _____ # _____

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 Business

Applicant information:

Name: 534 Central LLC
Address: 35 Main St. Suite 1
City: Wayland State: MA Zip: 01778 Phone #: (617) 212-6932

- I am an employer with _____ employees (full and/or part time).
 I am a sole proprietor or partnership and have no employees.
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
 We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type:**
- Retail
 - Restaurant/Bar/Eating Establishment
 - Office and/or Sales (real estate, auto, etc.)
 - 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: [Signature] Date: 03/10/14
Print Name: JORGE L. VINTA

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 _____