

2012

CITY OF SOMERVILLE
MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

120 BEACON ST. L.P. C/O EASTPOINT REAL ESTATE
235 BEAR HILL ROAD
WALTHAM MA 02451

LIC #: 2012-190
B.O.A.# 174213

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ___ Auto Body Work: ___ Parking or Storing Vehicles: X
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 \$550.00 not later than April 30, 2012. 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: 120 BEACON ST. L.P. C/O EASTPORT REAL ESTAT TEL: 781-890-5855
Company Address: 00120 BEACON ST

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: 120 BEACON ST. L.P. C/O EASTPOINT REAL ESTA TEL: 781-890-5855

Owner Address: ~~235~~ BEAR HILL ROAD
318

Owner City: WALTHAM State: MA Zip: 02451
FID#: 043232447

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 04/30/2012, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

LICENSE #: 2012-190
FEE: \$550.00

This is to certify: 120 BEACON ST. L.P. C/O EASTPOINT REAL ESTATE
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 10/27/1995

Garage situated at: 00120 BEACON ST
Doing business as : 120 BEACON ST. L.P. C/O EASTPORT REAL ESTATE
Shall not exceed: 60 Vehicles Inside & 20 Vehicles Outside, not on public ways
in addition the following restrictions apply:

NOT MORE THAN 80 VEHICLES
CONDITION THAT THE LICENSEE MAY NOT ENTER INTO ANY AGREEMENT OF LEASED
OR RENTAL OF PARKING SPACES TO THE CAMBRIDGE CITY HOSPITAL FOR ITS
EMPLOYEES

CITY CLERK'S OFFICE
SOMERVILLE, MA

2012 JUN - 8 A 9 11

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

[Signature] Managing Agent
Signature of Applicant

318 Bear Hill Rd
Address

Waltham MA 02451
City State Zip

** Office Use Only **
Mailed _____
Taken _____
Received: 6-8-12 \$ 550-
CK 7175
City Clerk

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: 120 Beacon Street Limited Partnership

Somerville Address and Zip Code: 120 Beacon St 02143

Phone Number of the Business: 781 890 5855 x123

The Legal Name of the License Holder: 120 Beacon St Limited Partnership

Street Address of the License Holder: c/o Eastport Real Estate 318 Bras Hill Rd

City, State and Zip Code of the License Holder: Waltham MA 02451

Phone Number of the License Holder: 781 890 5855 X123

Email Address of the License Holder:

Where We Should Send Mail: Name:

Street Address:

City, State and Zip Code:

Email: m.jaffe @ Eastportrealestate.com

Phone Number: 781 890 5855 x123

Federal ID # (Do Not Give a Social Security #): 04 323 2447

Emergency Contact and Phone (For Fire Dept. Use): Michael Jaffe 781 389 4230

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

Sole Proprietor: Name of Owner:

Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: Bary Korobkin
William Kaplan

Trust: Names of All Trustees Who Own More Than 10%:

Corporation (inc. LLC): Name of President:

Name of Secretary:

Name of Treasurer:

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

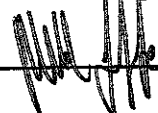
ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:

 Managing Agent

Date

5/8/2012

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.

120 Bowen Street LP

* Signature of Individual or Corporate Name (Mandatory)

[Signature] Managing Agent

By: Corporate Officer (Mandatory, if a corporation)

04 323 2447

** 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

Exact name of taxpayer/applicant's business: 120 Beacon Street LP

Address of taxpayer/applicant's business in Somerville: 120 Beacon Street

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

Taxpayer/applicant's phone: day: 781 890 5855 evening: _____

I, (print name) 120 Beacon Street LP, 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 8 day of

May, 2012. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

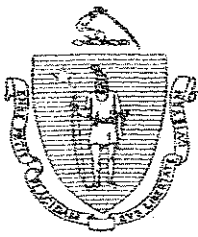
Real Estate Water/Sewer Personal Property Other: _____
1085 # 128065001 # 38 # _____

NOTES:

CLERK'S INITIALS: LB

ORIGINAL STAMP:

RECEIVED
LBAMS
6-7-12



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: 120 Beacon Street LP
 address: clo Eastport Real Estate Services 318 Bed Hill Rd
 city: Waltham state: MA zip: 02451 phone # 781 890 5855 x123

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 _____ employees (full & part time). Other _____
 I am an employer providing workers' compensation for my employees working on this job.

company name: _____
 address: _____
 city: _____ phone #: _____
 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: _____
 address: _____
 city: _____ phone #: _____
 insurance co. _____ policy # _____
 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: 5/8/2012
 Print name: Michael Jaffe Managing Agent Phone # 781 890 5855 x123

official use only do not write in this area to be completed by city or town official
 city or town: _____ permit/license # _____
 check if immediate response is required
 contact person: _____ phone #: _____
 Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____
 (revised Sept. 2003)