

## CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

## RENEWAL APPLICATION FOR GARAGE LICENSE

DAVID APOSHIAN - TRUSTEE

~~P.O. BOX 436~~~~SOMERVILLE MA 02143~~c/o ActionVest Management  
1667 Commonwealth Avenue  
Brighton, MA 02135

LIC #: 2011-226

B.O.A.# 175100

\*\*\* 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 \$500.00 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: SOMERVILLE HOUSING GROUP TRUST III

TEL: \_\_\_\_\_

Company Address: 00481 COLUMBIA ST (MUNREG)City: SOMERVILLE State: MA Zip: 02143

Check One:

Individual:\_\_\_ Co:\_\_\_ Corp:\_\_\_ Trust: X Agency \_\_\_ Ship \_\_\_ Other \_\_\_Owner Name: DAVID APOSHIAN - TRUSTEETEL: 617-629-3014Owner Address: ~~P.O. BOX 436~~ c/o ActionVest Management Corp617-793-88881667 Commonwealth AvenueOwner City: ~~SOMERVILLE~~ Brighton State: MA Zip: ~~02143~~ 02135FID#: 043548614

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-02:00 PM

SUNDAY: CLOSED

Very truly yours,

John J. Long  
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2011-226

FEE: \$500.00

This is to certify: DAVID APOSHIAN - TRUSTEE  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 09/25/2003

Garage situated at: 00481 COLUMBIA ST (MUNREG) ←Doing business as : SOMERVILLE HOUSING GROUP TRUST IIIShall not exceed: 252 Vehicles Inside

in addition the following restrictions apply:

APPROVED WITH CONDITIONS SUBJECT TO ISD APPROVAL.

This renewal certificate must be signed by the holder of the license

Check One: Owner \_\_\_ Occupant \_\_\_ Holder ✓

Signature of Applicant

Managing Agent for SHG3  
1667 Commonwealth Avenue

Address

Brighton MA 02135  
City State Zip

\*\* Office Use Only \*\*

Mailed

Taken

Received: \_\_\_\_\_

City Clerk

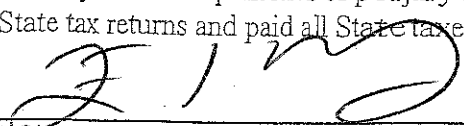
2011 APR -6  
CITY CLERK'S OFFICE  
SOMERVILLE, MA  
A 11:06

500-

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.

  
\* Signature of Individual or Corporate Name (Mandatory)

Managing Agent for SHOT3

By: Corporate Officer (Mandatory, if a corporation)

04 3548609

\*\* 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: Somerville Housing Group Trust, III

Address of taxpayer/applicant's business in Somerville: P.O. Box 436

Address of taxpayer/applicant's home in Somerville: 481 Columbia Street  
Garage

Taxpayer/applicant's phone: day: 617-763-8888 evening: Managing Agent

I, (print name) Eric Mason, the undersigned Managing Agent for the 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. To the best of my knowledge

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 29<sup>th</sup> day of March, 2011.

(Taxpayer's signature) Managing Agent  
Sur 3H6T3

**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: \_\_\_\_\_  
# 89000237 # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

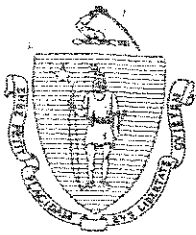
NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:

**received**  
UBarrows

4-6-11



The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street, 7<sup>th</sup> Floor  
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly.

name: Somerville Housing Group Trust, III David Apashian, Trustee  
address: 1/2 Action Vest Management Corp 1667 Commonwealth Avenue  
city: Brighton state: MA zip: 02135 phone #: 617-783-8888

work site location (full address): 481 Columbia Street, Somerville, MA

☐ I am a sole proprietor and have no one working in any capacity. Business Type: ☐ Retail ☐ Restaurant/Bar/Eating Establishment

☐ I am an employer with \_\_\_\_\_ employees (full & part time). ☐ Office ☐ Sales (including Real Estate, Autos etc.)

☐ I am an employer providing workers' compensation for my employees working on this job. ☒ Other Trust - Management Co. managing garage

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

Date 03-29-2011

Print name

Managing Agent for SH&T3

Phone # 617-783-8888

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 #: \_\_\_\_\_

(revised Sept. 2003)

- ☐ Building Department  
☐ Licensing Board  
☐ Selectmen's Office  
☐ Health Department  
☐ Other \_\_\_\_\_