



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

APPLICATION TO RENEW GARAGE LICENSE

GROVE STREET REALTY TRUST
C/O EASTPORT REAL ESTATE
318 BEAR HILL RD
WALTHAM, MA 02451

License #: 606
City #G193
Fee: 550.00
Account ID: 495
Reference #: 606

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: For GROVE STREET REALTY TRUST Business Location: 48 GROVE ST Business Phone: 781-890-5855 X123	
License Holder: GROVE STREET REALTY TRUST C/O EASTPORT REAL ESTATE 318 BEAR HILL RD WALTHAM, MA 02451 781-890-5855 X123	
Mailing Address: GROVE STREET REALTY TRUST 318 BEAR HILL RD WALTHAM, MA 02451	
Business Type: TRUST TRUSTEE - BARRY KOROBKIN TRUSTEE - WILLIAM KAPLAN	
FID: 042968097	
Food Manager/Emergency Contact: MICHAEL JAFFE 781-389-4230	

2013 MAY -2 A 11:22
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

OPEN TO THE PUBLIC

- 1 STORING VEHICLES
- 20 VEHICLES
- 20 VEHICLES INSIDE

Description of Location and/or Other Conditions:

Originally Issued 6/24/1997. No Mechanical Repairs. No Auto Body. No Spray Painting. No Washing Vehicles. 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: Michael Jaffe Date: 4/24/2013
Print Name: Michael Jaffe Phone: 781 389 4230

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: Grave Street Realty Trust
Address: 10 Eastport Real Estate Services 318 Bear Hill Rd
City: Waltham State: MA Zip: 02451 Phone #: 781 890 5855

- I am an employer with 0 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 Real Estate Owner

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: 4/24/2013

Print Name: Michael Jaffe V.P. Eastport Real Estate Services Inc. As Agent for Grave Street Realty Trust

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Grove Street Realty Trust

Address of taxpayer/applicant's business in Somerville: 48/50 Grove Street

c/o Eastport Real Estate Services

Address of taxpayer/applicant's home in Somerville: 318 Beer Hill Rd Waltham MA 02451

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

I, (print name) Grove Street Realty Trust, 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 27 day of

Apr. 1, 2013. [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: _____

6576 # 661683001 # _____ # _____

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:

RECEIVED
Urbanus
5-2-13