



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

2016 MAR -8 P 1:43

Application to Renew Garage License

CITY CLERK'S OFFICE
SOMERVILLE, MA

UNION GULF SERVICE, LLC
231 WASHINGTON ST
SOMERVILLE MA 02143

License #: BL15-000846
File #: 15-38
Fee: 605

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 | |
| Mailing Address: JAMES DAVIDIAN 345 THOREAU ST CONCORD MA 01742 | |
| Business Type: LLC GREGORY DAVIDIAN JAMES DAVIDIAN | |
| FID: 450548309 | |
| Emergency Contact: JIM DAVIDIAN Phone: 617-930-9607 | |
| Proposed Hours of Operation if outside standard hours: MO-FR 7AM-6PM, SA 8AM-2PM # of Vehicles Kept Inside: 4 # of Vehicles Kept Outside: 4 Open to the public? Yes Mechanical repairs? Yes Autobody work? No Spray Painting? No Washing vehicles? Yes Charging money to store vehicles? Yes Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No | |

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.



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: UNION GOLF SERVICE LLC

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

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617 623 9299 evening: 617 930 9607

I, (print name) Thomas Davidson, 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

March, 2016. [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: _____

15939 # 119007011 # 1255 # _____

NOTES:

CLERK'S INITIALS: URS

ORIGINAL STAMP:

Received
Barrios
3-8-16

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 #: (617) 623-9294

- | | | |
|--|-----------------------|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: | <input type="checkbox"/> Retail |
| <input checked="" type="checkbox"/> I am a sole proprietor or partnership and have no employees. | | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | | <input type="checkbox"/> Nonprofit |
| | | <input type="checkbox"/> Entertainment |
| | | <input type="checkbox"/> Manufacturing |
| | | <input type="checkbox"/> Health Care |
| | | <input type="checkbox"/> 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: 3/8/16
Print Name: DANIEL P. MORGAN

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

| | | |
|-----------------------|-------------------------|--|
| City or Town: _____ | Permit/License #: _____ | <input type="checkbox"/> Board of Health |
| | | <input type="checkbox"/> Building Department |
| | | <input type="checkbox"/> City/Town Clerk |
| | | <input type="checkbox"/> Licensing Board |
| | | <input type="checkbox"/> Selectmen's Office |
| Contact Person: _____ | Phone #: _____ | <input type="checkbox"/> Other _____ |