

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 #: 2011-190
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 \$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: 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 ___ Gov't ___ Partner ___
Ship X Other ___

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

Owner Address: 235 BEAR HILL ROAD

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 04/30/2011, 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. ...
City Cl...

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

LICENSE #: 2011-190
FEE: \$500.00

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 AGREEMENTS OF LEASED
OR RENTAL OF PARKING SPACES TO THE CAMBRIDGE CITY HOSPITAL OR ITS
EMPLOYEES

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

Check One: Owner X Occupant ___ Holder ___

Signature of Applicant

235 Bear Hill Rd
Address

Waltham MA 02451
City State Zip

** Office Use Only **

Mailed ___
Taken ___

Received: 4-22-11 CK 7097
\$500
City Clerk

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 Beacon St LP
* Signature of Individual or Corporate Name (Mandatory)

Alvin J. McLaughlin 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 St LD

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

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

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

I, (print name) 120 Beacon St LD, 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 21 day of

April, 2011. Mabel J. [Signature] Managing Agent.
(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: _____

19603201 # 128065051 # _____

NOTES:

UB

CLERK'S INITIALS: _____

ORIGINAL STAMP 

RECEIVED
Wattowj
4-21-11



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 St LP

address: c/o Eastport Real Estate Services 235 Beacon Hill Rd

city: Waltham state: MA zip: 02451 phone #: 781 890 5855

work site location (full address): 120 Beacon St Somerville MA

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 year's 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: *Michael J. Jelle* Managing Agent Date: 4/21/2011

Print name: Michael J. Jelle Phone #: 781 890 5855

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____

check if immediate response is required

contact person: _____ phone #: _____
(revised Sept. 2003)