



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

2012 DEC 13 P 1:26

CITY CLERK'S OFFICE
SOMERVILLE, MA

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

JAMES DAVIDIAN
345 THOREAU ST
CONCORD, MA 01742

License #: 35
Fee: 550.00
Account ID: 38
Reference #: 35

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 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 617-623-9294 | |
| Mailing Address: JAMES DAVIDIAN CONCORD, MA 01742 | |
| Business Type: CORPORATION (INC. LLC) MANAGER - GREGORY DAVIDIAN MANAGER - JAMES DAVIDIAN | |
| FID: 450548309 | |
| Food Manager/Emergency Contact: JIM DAVIDIAN 617-930-9607 | |

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**

6 VEHICLES

Description of Location and/or Other Conditions:

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: *James Davidian* Date 12/12/12
Print Name: James Davidian Phone 6176239294

IMPORTANT

It's time to renew your Used Car Dealer's license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee AND with evidence that your Used Car Dealer's Bond is up to date. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business: UNION GULF SERVICE LLC
Somerville Address and Zip Code: 231 WASHINGTON ST SOM. 02143
Phone Number of the Business: 617 623 9299

The Legal Name of the License Holder: UNION GULF SERVICE LLC
Street Address of the License Holder: 231 WASHINGTON ST
City, State and Zip Code of the License Holder: SOMERVILLE MA 02143
Phone Number of the License Holder: 617 623 9299


Where We Should Send Mail: Name: JAMES DAVIDIAN
Street Address: 345 THORNTON ST
City, State and Zip Code: CONCORD MA 01742

Federal ID # (Do Not Give a Social Security #): 450 548309

Emergency Contact and his/her Phone Number: Jim Davidian 6179309607

Type of Business (Check Only One and Print the Names Indicated):
 Sole Proprietor: Name of Owner: _____
 Partnership (inc. LLP): Name of Partnership: _____
Names of All Partners Who Own More Than 10%: _____
 Trust: Name of Trust: _____
Names of All Trustees Who Own More Than 10%: _____
 Corporation: Name of Corporation: UNION GULF SERVICE LLC
Name of President: _____
Name of Secretary: _____ Name of Treasurer: _____
 LLC: Name of LLC: UNION GULF SERVICE LLC
Names of All Managers: JAMES DAVIDIAN
GREGORY DAVIDIAN
Other (Attach a Description of the Form of Ownership and the Names of the 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 Licensing Commission.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:  Date 12/13/12



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

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

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

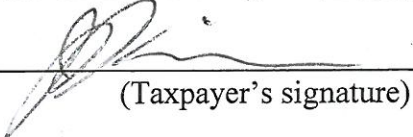
Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 6176239294 evening: 978 371 0968

I, (print name) JAMES DAVIDIAN, 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 12 day of

DECEMBER, 2012.


(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: _____

15585 # 119007011 # 1307 # _____

NOTES:

CLERK'S INITIALS: URS

ORIGINAL STAMP:

 RECEIVED
URS
12-13-12

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 EDUC SERVICE LLC
Address: 231 WASHINGTON ST
City: SOMERVILLE State: MA Zip: 02143 Phone #: 6176239294

- I am an employer with _____ 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 _____

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: 12/12/12

Print Name: JAMES DAVIDIAN

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 _____