

New

30 VEHICLES

APPLICATION FOR AN OUTDOOR PARKING LICENSE

Application Fee \$20.00 per space

Date 11/15/2011

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 11-15-11
Amount Paid \$600- CR 8443

X New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

#529 VFW INC

Applicant's Legal Name: George F. Dilboy Post Phone: 617-666-8794

Applicant's Address (with Zip Code): 371 Summer St. Somerville, MA 02144

Applicant's Email Address: Dilboy.Post@comcast.net

Applicant's Federal Employer Identification Number: 04 2006 994

Business DBA Name (if applicable): NA

Business Location (with Zip Code):

Mailing Name (where we should send correspondence to):

Mailing Address (with Zip Code):

Emergency Contact: Robert Hardy Phone: 617-666-8794

CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 NOV 15 AM 11:22

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust

X Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name: George Dilboy Post 529.

Address with Zip Code: 371 Summer St. Somerville 02144

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Robert Hardy

Address with Zip Code: 371 Summer St. Somerville, MA 02144

Partner's/Member's/Secretary's Name:

Address with Zip Code:

Partner's/Member's/Treasurer's Name: RONALD PATALANO

Address with Zip Code: 371 Summer St. Somerville, MA 02144

Square Footage of the Space to be Used for Parking: 23,594' Square Feet.

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: X Date: 11-15-11
Print Name: Robert Hardy Phone: 617-666-8794

FOR NEW OR EXPANDING APPLICANTS ONLY:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a Com. Zone.

- 30. The use is permitted as of right
- The use requires a special permit
- The use is prohibited

Maximum number of motor vehicles to be kept on the premises: 30
Signature: [Signature] Title Comm. Date: 11-15-11

30
[Signature] 11-21-11

**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.

X *Robert J. Long* *Comm.*
*Signature of Individual or Corporate Name (Mandatory)

X _____
By: Corporate Officer (Mandatory, if a corporation)

04 2006 994 Fed ID #
**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: George F Dilboy Post VFW #529 INC.

Address of taxpayer/applicant's business in Somerville: 371 Summer Street

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-666-8794 evening: SAME

I, (print name) Robert Hardy, 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 15 day of X Nov., 2011. Robert Hardy
(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: _____
99732100 # 31503500 # _____ # _____
14199

NOTES:

CLERK'S INITIALS: CL

ORIGINAL STAMP:

received
11-15

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: George F Dilboy Post #529 VFW, INC.

Address: 371 Summer Street

City: Somerville State: MA Zip: 02144 Phone #: 617-666-879

- I am an employer with 9 employees (full and/or part time). **Business Type:** Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other VFW members quarters +
FUNCTIONAL

Workers' compensation insurance information (if applicable):

Insurance Company Name: Technology Insurance Company / ORCA INS AGENCY

Address: 5800 Lombardo Center

City: Cleveland State: OHIO Zip: 44131 Phone #: 1-277

Policy #: TWC 3269326 Expiration Date: 3-15-2012

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: Robert Hardy Jr Date: 11-15-11

Print Name: Robert Hardy Jr

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 _____

(revised Jan. 2008)