



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

**APPLICATION TO RENEW GARAGE LICENSE**

**ALL RITE COLLISION, LLC  
38 -42 MEDFORD ST  
SOMERVILLE, MA 02143**

License #: **732**  
City # **G155**  
Fee: **550.00**  
Account ID: **615**  
Reference #: **732**

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: <b>ALL-RITE AUTO</b> Business Location: <b>38 MEDFORD ST</b> Business Phone: <b>617-868-8580</b>	
License Holder: <b>ALL RITE COLLISION, LLC</b> <b>38 -42 MEDFORD ST</b> <b>SOMERVILLE, MA 02143</b> <b>617-868-8580</b>	
Mailing Address: <b>ALL RITE COLLISION, LLC</b> <b>38 -42 MEDFORD ST</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - ALEC ARZUMANYAN</b> <b>SECRETARY - ALEC ARZUMANYAN</b> <b>TREASURER - ALEC ARZUMANYAN</b>	
FID: <b>272840847</b>	
Food Manager/Emergency Contact: <b>ALEC ARZUMANYAN</b> <b>781-316-5342</b>	

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

Hours: **MO-FR 8AM-5PM**

**OPEN TO THE PUBLIC**

- |                      |                    |
|----------------------|--------------------|
| 1 AUTO BODY WORK     | 4 VEHICLES INSIDE  |
| 1 MECHANICAL REPAIRS | 6 VEHICLES OUTSIDE |
| 1 SPRAY PAINTING     | 1 WASHING VEHICLES |

Description of Location and/or Other Conditions:  
**Originally Issued 5/24/1990. 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: *Alec Arzumanyan* Date 03 - 23 - 2014  
Print Name: ALEC ARZUMANYAN Phone 617 - 868 - 8580



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: All-Rite Auto Inc.  
Address of taxpayer/applicant's business in Somerville: 38-42 Medford St  
Address of taxpayer/applicant's home in Somerville: 19 Joseph St  
Taxpayer/applicant's phone: day: (617) 868-8580 evening: (617) 666-0192

I, (print name) Philip A Moran, 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 14 day of 23 March, 2014. X [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: \_\_\_\_\_  
# 12375 090      # 14503 6001      # 30 0 500 67      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:

RECEIVED  
Baron  
3-25-14

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: Alec Arzumanyan  
Address: 385 Great Rd  
City: Bedford State: MA Zip: 01730 Phone #: (781) 316-5342

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> I am an employer with <u>1</u> employees (full and/or part time).                          | Business Type: <input type="checkbox"/> Retail                         |
| <input 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: ALD Insurance Agency Inc.  
Address: 60 A Brighton Ave  
City: Allston State: MA Zip: 02134 Phone #: 617 787 7877  
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: \_\_\_\_\_ Date: 4/1/2014

Print Name: Alec Arzumanyan

*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 \_\_\_\_\_