



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Flammables License

ARIS AUTO INC
675 SOMERVILLE AVE
SOMERVILLE MA 02143

License #: BL15-000848
File #: 15-491
Fee: 550

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: ARIS AUTO INC Business Location: 3 CRAIGIE ST Business Phone: 617-776-9247	
License Holder: ARIS AUTO INC 675 SOMERVILLE AVE SOMERVILLE MA 02143	
Mailing Address: ARIS AUTO INC 675 SOMERVILLE AVE SOMERVILLE MA 02143	
Business Type: Corporation GEORGE VARELIS GEORGE VARELIS GEORGE VARELIS	
FID: 042831606	
Emergency Contact: GEORGE VARELIS Phone: 781-526-1784	
# of Gallons of Flammables to be Stored: 30244 Describe Flammables to be Stored: Not yet provided. Proposed Hours of Operation: Not yet provided.	

2015 APR 30 11:35
CITY CLERK'S OFFICE
SOMERVILLE, MA

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:  Date: 04/24/2015

Printed Name: GEORGE VARELIS Phone: 617-776-9247



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: ARIS AUTO INC. (GEORGE VARELA)
Address of taxpayer/applicant's business in Somerville: 675 SOMERVILLE AVE (3 GRAIG ST)
SOMERVILLE.
Address of taxpayer/applicant's home in Somerville: 675 SOMERVILLE AVE, SOMERVILLE
Taxpayer/applicant's phone: day: 617-776-9917 evening: 781-526-1734

I, (print name) GEORGE VARELA, 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 24 day of APRIL, 2015. [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: _____

_____ # 249012001 # 1118 # _____

NOTES:

CLERK'S INITIALS: VR

ORIGINAL STAMP:



RECEIVED
UBanaos
4-30-15

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: ARI'S AUTO INC

Address: 675 SOMERVILLE AVE

City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-776-9247

- ☒ I am an employer with 8 employees (full and/or part time). Business Type: ☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other Repair shop
- ☐ 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.

Workers' compensation insurance information (if applicable):

Insurance Company Name: DORCHESTER MUTUAL Insurance Company

Address: 222 AMES STREET

City: DEDHAM State: MA Zip: 02026 Phone #: 781-431-2500

Policy #: WE128546A Expiration Date: 7/27/2015

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: 4/24/2015

Print Name: GEORGE VARELS

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 _____