

NOTE: COMPLETE FORM AND FOWARD WITH FEE TO CITY CLERK' OFFICE.
DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFTY.

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION
1010 COMMONWEALTH AVE. BOSTON

RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE

In accordance with the provisions of Chapter 148, Section 13, of the General Laws, the undersigned hereby certifies that:

GEORGE VARELIS

3920 MYSTIC VALLEY PKWY. APT. #1013
MEDFORD MA 02155 4444

Lic#: F-2011-129
B.O.A.#:
Fee: \$500.00

Restricted to: 30,394 Gallons Total

Restricted as follows;

AMENDED -01/23/36, 01/26/67, 01/26/84 - STORAGE AND SALE

30,000 GALS. GASOLINE

3/12/92 ADDITIONAL STORAGE OF

54 GALS. FREEZONE

AMENDED 10,000 GALS. OF GASOLINE
GRANTED

100 GALS. CRANK CASE OIL

30 GALS. GREASE OIL (200 LBS.)

60 GALS. RANGE OIL

Is the holder of the license originally granted 05/08/1936 for the lawful use of the building (s) or other structure situated or to be situated at 00003 CRAIGIE ST as related to the KEEPING, STORAGE, MANUFACTURE, OR SALE OF FLAMMABLES OR EXPLOSIVES. City of Somerville.

Note: This Certificate of Registration must be signed by the holder of the license if said license was granted prior to July 1, 1936, otherwise by the owner or occupant of the land licensed.

KINDLY CORRECT ANY ERRORS LISTED ON OUR CURRENT RECORDS ABOVE,
AND COMPLETE THE LOWER SECTION OF THIS RENEWAL APPLICATION.

Company Name: ARIS AUTO, INC. TEL: 617-776-9247
Company Address: 00003 CRAIGIE ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: Co: X Corp: Trust: Agency Ship Other
Gov't Partner

Owner Name: GEORGE VARELIS TEL: 781-391-3686
Owner Address: 3920 MYSTIC VALLEY PKWY. APT. #1013


Owner City: MEDFORD State: MA Zip: 02155
FID#: 042831606

This Application must be signed and filed with the required fee no later than April 30, 2011. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by 04/30/2011 please advise this office at once.

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

Check One: Owner Occupant Holder


Signature of Applicant

3920 MYSTIC VALLEY PKWY APT #1013
Address

MEDFORD MA 02155
City State Zip

** Office Use Only **

Mailed

Taken

Received: 4/7/11 - MS

\$500.00 ck #1201

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.


* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

042831606
** 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 VARELI'S

Address of taxpayer/applicant's business in Somerville: ARI'S AUTO INC 675 SOMERVILLE

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

Taxpayer/applicant's phone: day: 617 776 9247 evening: 781-526-1784

I, (print name) GEORGE VARELI'S, 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 _____ day of _____, 2011.

(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: _____

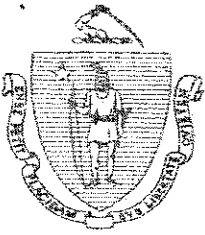
16524179 # 249012001 # 30050109 # _____

NOTES:

CLERK'S INITIALS: VB

ORIGINAL STAMP:

received
UBaraw
4-2-11



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: GEORGE VARELIS
address: 3920 MYSTIC VALLEY PKWY APT #1013
city: MEDFORD state: MA zip: 02155 phone # 781-526-1784

work site location (full address): 675 SOMERVILLE AV

- ☐ 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 7 employees (full & part time). ☐ Other REPAIR SHOP
☒ I am an employer providing workers' compensation for my employees working on this job.

company name: ARIS AUTO INC
address: 675 SOMERVILLE AVE
city: SOMERVILLE phone #: 617-776-9247
insurance co. GUARD INSURANCE GROUP policy # ARX CO 21169

☐ 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 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: 04/07/2011
Print name: GEORGE VARELIS Phone #: 617-776-9247

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

city or town: _____ permit/license # _____

☐ check if immediate response is required

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

- ☐ Building Department
☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other _____