



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

CK 2356  
550.00

**APPLICATION TO RENEW GARAGE LICENSE**

**SAMAY, INC.**  
**MIRIAN SAMAYOA**  
**73 SUMMER ST**  
**SOMERVILLE, MA 02143**

License #: **763**  
City # **G231**  
Fee: **550.00**  
Account ID: **646**  
Reference #: **763**

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 <b>SAMAY, INC</b> Business Location: <b>73 SUMMER ST</b> Business Phone: <b>617-776-6667</b>	DBA Somerville Gas
License Holder: <b>SAMAY, INC</b> <b>73 SUMMER ST</b> <b>SOMERVILLE, MA 02143</b> <b>617-776-6667</b>	
Mailing Address: <b>SAMAY, INC.</b> <b>73 SUMMER ST</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b>	
FID: <b>261752423</b>	
Food Manager/Emergency Contact:	

2013 APR 29 A 11:05  
 CITY CLERK'S OFFICE  
 SOMERVILLE, MA

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-6:30PM**

**OPEN TO THE PUBLIC**

- 1 MECHANICAL REPAIRS
- 12 VEHICLES
- 2 VEHICLES INSIDE
- 10 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

**Originally Issued 2/17/2005. No Vehicles Serviced Or Stored On Public Or Private Ways Or Sidewalks, Including Snow Removal Periods. No Vehicles Parked Along Summer St. Or School St. No Auto Body. No Spray Painting. No Washing Vehicles. 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: X *Miriam Samayoa* Date: 4/29/13  
 Print Name: Miriam Samayoa President Phone: 617-776-6667

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: Sunny, Inc. dba Somerville bus.  
Address: 73 Summer St.  
City: Somerville State: MA Zip: 02143 Phone #: 617-276-6667

- I am an employer with 2 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: The Commonwealth of Massachusetts  
Address: 600 Washington St Boston Massachusetts  
City: Boston State: MA Zip: 02111 Phone #: 617-727-4900  
Policy #: SAWC 356861 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: X [Signature] Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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 \_\_\_\_\_



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Sunway, Inc. dba Somerville 645

Address of taxpayer/applicant's business in Somerville: 73 Summer St.

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-776-6667 evening: 508-241-6887

I, Miriam Samyoga, President of Sunway, Inc., 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<sup>th</sup> day of April, 2013. [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: \_\_\_\_\_

# 14113      # 248077001      # \_\_\_\_\_      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: \_\_\_\_\_

ORIGINAL STAMP:

**RECEIVED**  
LRandow  
4-30-13