



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

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

**GEORGE KAZAZIAN
BARNES & WALSH CO
224 SOMERVILLE AVE
SOMERVILLE, MA 02143**

License #: **910**

Fee: **550.00**

Account ID: **635**

Reference #: **910**

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 BARNES AND WALSH COMPANY Business Location: 224 SOMERVILLE AVE Business Phone: 617-625-6900	
License Holder: GEORGE KAZAZIAN BARNES & WALSH CO 224 SOMERVILLE AVE SOMERVILLE, MA 02143 617-625-6900	
Mailing Address: GEORGE KAZAZIAN 224 SOMERVILLE AVE SOMERVILLE, MA 02143	
Business Type: SOLE PROPRIETORSHIP OWNER - GEORGE KAZAZIAN	
FID: 046400301	
Food Manager/Emergency Contact: GEORGE KAZAZIAN 617-230-0367	

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-2PM**

5 VEHICLES

Description of Location and/or Other Conditions:

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: *George Kazazian* Date _____

Print Name: GEORGE KAZAZIAN Phone 617-625-6900

IMPORTANT

It's time to renew your Used Car Dealer's license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee AND with evidence that your Used Car Dealer's Bond is up to date. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business: BARNES & WALSH
Somerville Address and Zip Code: 224 SOMERVILLE AVE SOMERVILLE MA
Phone Number of the Business: 617-625-6900 02143

The Legal Name of the License Holder: GEORGE KAZAZIAN
Street Address of the License Holder: 224 SOMERVILLE AVE
City, State and Zip Code of the License Holder: SOMERVILLE MA 02143
Phone Number of the License Holder: 617-625-6900 OR 617-230-0367

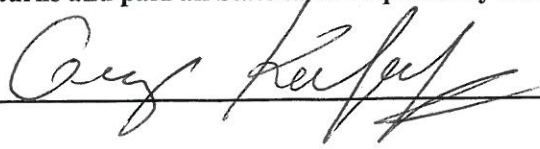
Where We Should Send Mail: Name: GEORGE KAZAZIAN
Street Address: 224 SOMERVILLE AVE
City, State and Zip Code: SOMERVILLE MA 02143

Federal ID # (Do Not Give a Social Security #): 046400301

Emergency Contact and his/her Phone Number: MARY KAZAZIAN 781 894 9412 (SISTER)

Type of Business (Check Only One and Print the Names Indicated):
 Sole Proprietor: Name of Owner: GEORGE KAZAZIAN
Partnership (inc. LLP): Name of Partnership: _____
Names of All Partners Who Own More Than 10%: _____
Trust: Name of Trust: _____
Names of All Trustees Who Own More Than 10%: _____
Corporation: Name of Corporation: _____
Name of President: _____
Name of Secretary: _____ Name of Treasurer: _____
LLC: Name of LLC: _____
Names of All Managers: _____
Other (Attach a Description of the Form of Ownership and the Names of the Owners)

ACKNOWLEDGEMENT: 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 Somerville Licensing Commission.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:  Date _____

CNA

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Fax Server

CNA SURETY

PO Box 5077 Sioux Falls SD 57117-5077

1-800-391-6053

Fax 1-605-335-0367

www.cnasurety.com

Email: uwservices@cnasurety.com

January 28, 2011

George Kazazian
dba Barnes & Walsh Co.
224 Somerville Ave.
Somerville, MA 02143

Re: Bond #58532548 - George Kazazian Dba Barnes & Walsh Co.
\$10,000.00 - Motor Vehicle Repair Shop
Company Code: 601 - Western Surety Company

Thank you for the premium payment for the above referenced bond. This document is to serve as notice that payment in full has been remitted for the term of 9-21-10 through 9-21-13. This type of bond remains in full force and effect without a renewal bond or Continuation Certificate. If you have any questions, please contact your local agent.



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: BARNE & WALSH

Address of taxpayer/applicant's business in Somerville: 224 SOMERVILLE AVE SOMERVILLE MA 02143

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

Taxpayer/applicant's phone: day: 617-625-6900 evening: 617-230-0367

I, (print name) GEORGE KAZAZIAN, 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 _____, 20____. _____
(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: _____

13637 # 101072001 # 1095 # _____

NOTES:

CLERK'S INITIALS: URS

ORIGINAL STAMP:

RECEIVED
URS
11-26-12

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: BARNES & WALSH (GEORGE KAZAZIAN)
Address: 224 SOMERVILLE AVE
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-6256900

- I am an employer with _____ 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: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
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: George Kazazian Date: _____

Print Name: GEORGE KAZAZIAN

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 _____