



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

**APPLICATION TO RENEW OUTDOOR PARKING LICENSE**

**URBAN EQUITY DEVELOPMENT COMPANY**  
**3 CRENSHAW LANE**  
**ANDOVER, MA 01810**

License #: **134**

Fee: **400.00**

Account ID: **142**

Reference #: **134**

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>URBAN EQUITY DEVELOPMENT COMPANY</b>	
Business Location: <b>7 HERBERT ST</b>	
Business Phone: <b>508-423-8600</b>	
License Holder: <b>URBAN EQUITY DEVELOPMENT COMPANY</b> <b>3 CRENSHAW LANE</b> <b>ANDOVER, MA 01810</b> <b>508-423-8600</b>	
Mailing Address: <b>URBAN EQUITY DEVELOPMENT COMPANY</b> <b>3 CRENSHAW LANE</b> <b>ANDOVER, MA 01810</b>	
Business Type: <b>PARTNERSHIP (INC. LLP)</b> <b>PARTNER - YVON CORMIER</b>	
FID: <b>042538505</b>	
Food Manager/Emergency Contact: <b>LEO ROY</b> <b>508-423-8600</b>	

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

Hours: **NOT APPLICABLE**

**20 SPACES**

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: *Yvon Cormier* Date: 4/3/14

Print Name: Yvon Cormier Phone: (978) 470-0189



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Urban Equity Development Co.

Address of taxpayer/applicant's business in Somerville: 7-9-11-13 Herbert St.

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: (508) 423-8600 evening: same

I, (print name) Leo Roy, 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 10TH day of April, 20 14. Leo Roy  
(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: \_\_\_\_\_

# 7077 # N/A # \_\_\_\_\_ # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: Q

ORIGINAL STAMP:

**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: Urban Equity Development Co. / Yvon Cormier Constr. Corp.  
Address: 3 Crenshaw Lane  
City: Andover State: MA Zip: 01810 Phone #: (978)470-0189

- ☒ I am an employer with 20+ 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: Wesco Insurance Co  
Address: 800 Superior Ave East, 21st Floor  
City: Cleveland State: OH Zip: 44114 Phone #: \_\_\_\_\_  
Policy #: WWC 3061803 Expiration Date: 5/11/13-5/11/14

**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: 4/3/14

Print Name: Yvon Cormier

*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 \_\_\_\_\_