



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

2016 MAR -9 A 10:29

Application to Renew Flammables License

FAULKNER BROTHERS, INC.
2 ALPINE STREET
SOMERVILLE MA 02143

License #: BL15-000881
File #: 15-469
Fee: 605

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: FAULKNER BROS. INC. Business Location: 13 ALPINE ST Business Phone: 617-625-8255	
License Holder: FAULKNER BROTHERS, INC. 2 ALPINE STREET SOMERVILLE MA 02143	
Mailing Address: PETER A. DUPUIS P.O. BOX 207 SOMERVILLE MA 02143	Michael Dupuis
Business Type: Corporation MICHAEL DUPUIS PETER DUPUIS MICHAEL DUPUIS	
FID: 042305114	
Emergency Contact: PETER DUPUIS Phone: 617-625-8255	
# of Gallons of Flammables to be Stored: 18900 Describe Flammables to be Stored: Not yet provided. Proposed Hours of Operation: Not yet provided.	

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: Peter A. Dupuis Jr.

Date: 2/25/16

Printed Name: Peter A. Dupuis Jr

Phone: 617-625-8255



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Faulkner Brothers, Inc

Address of taxpayer/applicant's business in Somerville: 2 Alpine St

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

Taxpayer/applicant's phone: day: 617-625-8255 evening: _____

I, (print name) Peter A. Dupuis Jr., 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 25th day of February, 20 16. Peter A. Dupuis Jr.
(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: _____

301 # 226023011 # 13 # ✓

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

Received
3-9-16

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: Faulkner Brothers, Inc
Address: 2 Alpine St.
City: Somerville State: Ma Zip: 02144 Phone #: 617-625-8255

- ☒ I am an employer with 12 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: Federated Insurance
Address: 121 East Park Sq
City: Dwatonna State: Mn Zip: 55060 Phone #: 1-888-333-4949
Policy #: 347-066-3 Expiration Date: 11/16/16

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: Peter A. Dupuis Jr. Date: 2/25/16

Print Name: Peter A. Dupuis Jr.

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 _____