

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:

CHESTER & NORMA WATERMAN
50 WALNUT HILL ROAD
AMHERST MA 03031 4444
Lic#: F-2010-166
B.O.A.#:
Fee: \$500.00
315.00

Restricted to: ⁹⁰⁰⁰ 12,000 Gallons Total
Restricted as follows;
12,000 GALS. ABOVEGROUND FUEL OIL IN ³ TRUCKS-
HOURS OF OPERATION MONDAY - FRIDAY 6:00AM TO 7:00PM
SATURDAY 8:00AM TO 1:00PM CLOSED ON SUNDAY
NO VEHICLES ARE TO OVERHANG THE SIDEWALKS OR TO OTHERWISE IMPEDE
PEDESTRIAN TRAFFIC IN ANY WAY. BOA #177516A

Is the holder of the license originally granted 02/22/1993
for the lawful use of the building (s) or other structure (s) situated or
to be situated at 00009 FLORENCE 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: LUB-O-LINE INDUSTRIAL OIL CO., INC. TEL: 617-776-4490
Company Address: 00009 FLORENCE ST

City: SOMERVILLE State: MA Zip: 02145

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

Owner Name: CHESTER & NORMA WATERMAN TEL: 1-603-673-6061
Owner Address: 50 WALNUT HILL ROAD

Owner City: AMHERST State: MA Zip: 03031
FID#: 042227408

This Application must be signed and filed with the required fee no later than
April 30, 2010. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by
04/30/2010 please advise this office at once.

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

Check One: Owner ✓ Occupant ___ Holder ___

Norma Waterman
Signature of Applicant

50 Walnut Hill Rd
Address

Amherst MA 03031
City State Zip

** Office Use Only **
Mailed _____
Taken _____
Received: CR 0012215 8500
City Clerk

CERTIFICATION OF VITAL RECORD

State of New Hampshire

CERTIFICATE OF DEATH

FILE # 2009006482

SEX MALE

FULL NAME OF DECEASED CHESTER HARRY WATERMAN
 DATE OF DEATH AUGUST 23, 2009 AGE 90 YRS
 DATE OF BIRTH OCTOBER 14, 1918 BIRTHPLACE BOSTON, MASSACHUSETTS
 MOTHER'S NAME MARY HINES
 FATHER'S NAME ALBERT L. WATERMAN
 PLACE OF DEATH MANCHESTER, NEW HAMPSHIRE
 MARITAL STATUS MARRIED
 SPOUSE NORMA JEANE RUSCH
 SOCIAL SECURITY NUMBER 011-24-2934
 RESIDENCE AMHERST, NEW HAMPSHIRE
 PLACE OF DISPOSITION NH VETERANS CEMETERY, BOSCAWEN, NEW HAMPSHIRE

DATE OF DISPOSITION AUGUST 26, 2009
 MANNER OF DEATH NATURAL FILE DATE AUGUST 25, 2009
 CAUSE OF DEATH

- a PROBABLE PNEUMONIA 8/16/2009
- b ACUTE CONGESTIVE HEART FAILURE 08/16/2009
- c SEVERE SEPSIS DUE TO PNEUMONIA 8/16/2009
- d A-FIB UNKNOWN

OTHER SIGNIFICANT CONDITIONS
 ACUTE RENAL FAILURE 8/16/2009

DESCRIBE HOW INJURY OCCURRED

DATE/TIME OF INJURY

PLACE OF INJURY

LOCATION OF INJURY

NAME AND ADDRESS OF CERTIFIER

HETAL R DAVE MD, ONE ELLIOT WAY, MANCHESTER, NEW HAMPSHIRE 03103

MARGINAL NOTES

1540052

I HEREBY CERTIFY THIS IS A TRUE COPY ISSUED FROM THE OFFICIAL RECORDS ON FILE AT THIS OFFICE AND SHALL BE RECEIVED AS EVIDENCE WITH THE SAME EFFECT AS THE ORIGINAL.

Thomas J. C. Farrell

STATE/LOCAL REGISTRAR

John M. White

Acting State Registrar

August 25, 2009

DATE ISSUED:

STATE/CITY/TOWN OF:

MILFORD

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar. It shall be unlawful for anyone to reproduce this certificate other than local or State Registrar.

YS-SP1

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.

Lub-O-Line Industrial Oil Co., Inc.

* Signature of Individual or Corporate Name (Mandatory)

Norma Stetson

By: Corporate Officer (Mandatory, if a corporation)

04 222 7408

** 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

1. Exact name of taxpayer/applicant's business: Lub-O-Line Industrial Oil Co, Inc.
2. Address of taxpayer/applicant's business in Somerville: 9 Florence Street
3. Address of taxpayer/applicant's home in Somerville: 50 Walnut Hill Road Amherst NH 03031
4. Taxpayer/applicant's phone: day: 603 673 6061 evening: 617 776 4490

I, Norma Waterman, 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 13th day of

May April, 2010. Norma Waterman
(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: _____
- # 12390070
 # 108070041
 # N/A
 # _____

NOTES:

CLERK'S INITIALS: cl

ORIGINAL STAMP:

received
4-14-10

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Lub-O-Line Industrial Oil Co., Inc.
9 Florence Street

Address: _____

City: Somerville State: MA Zip: 02145 Phone #: 617 776 4490

- I am an employer with 4 employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other Sale of oil & fuel.

Workers' compensation insurance information (if applicable):

Insurance Company Name: American International Ins. Companies

Address: 22427 Network Place

City: Chicago State: IL Zip: 60673-1224 Phone #: 603 424 9901 X228

Policy #: WC7434312 Expiration Date: 6/1/2010

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: Norma Waterman Date: April May 13, 2010

Print Name: Norma Waterman

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 _____

(revised Jan. 2008)