

\$500.00

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:

THOMAS LYNCH
80 MORRISON AVENUE
SOMERVILLE MA 02144 4444

Lic#: F-2010-075
B.O.A.#: 174012
Fee: \$500.00

Restricted to: 9,800 Gallons Total
Restricted as follows;
AMENDED 03/26/30, 02/11/54 - STORAGE ONLY
7,000 GALS. GASOLINE
1,000 GALS. WASTE OIL
500 GALS. FUEL OIL
300 GALS. ALCOHOL
1,000 GALS. MOTOR OIL
NEW OWNER AS OF 2003

CITY CLERK'S OFFICE
2010 APR - \$1 A 11:40

Is the holder of the license originally granted 03/22/1928 for the lawful use of the building (s) or other structure (s) situated or to be situated at 00229 R LOWELL 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: PETE'S BOY'S, INC. TEL: 617-628-1150
Company Address: 00229 R LOWELL ST

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: THOMAS LYNCH TEL: 617-312-3936
Owner Address: 80 MORRISON AVENUE

Owner City: SOMERVILLE State: MA Zip: 02144
FID#: 300175654

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

[Signature]
Signature of Applicant

029 Lowell St
Address

Somerville MA 02144
City State Zip

** Office Use Only **
Mailed _____
Taken _____
Received: _____
City Clerk



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: Peter's Boy's Inc
- 2. Address of taxpayer/applicant's business in Somerville: 229 Lowell St
- 3. Address of taxpayer/applicant's home in Somerville: _____
- 4. Taxpayer/applicant's phone: day: 617-628-1156 evening: 617-628-1110

I, _____, 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 Second day of April, 2010.
[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: _____
- # 8900207 # 228051011 # NO A/C # _____
228051001

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

received
4-5-10

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: Petes Prop's Inc
 Address: 229 Lowell St
 City: Somerville State: MA Zip: 02144 Phone #: 617-628-1150

- I am an employer with _____ employees (full and/or part time). **Business Type:**
- 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.
- Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other A.I.A.C. ISDATE

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: [Signature] Date: 4/2/2010
 Print Name: Thomas J Lynch

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 _____

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.

Peter Boy's Inc

* Signature of Individual or Corporate Name (Mandatory)

J.M. Off

By: Corporate Officer (Mandatory, if a corporation)

300178654

** 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.