

CK-1165
\$550



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

APPLICATION TO RENEW FLAMMABLES LICENSE

WINTER HILL YACHT CLUB INC.
130R FOLEY STREET
SOMERVILLE, MA 02143

License #: 887
City #F55
Fee: 550.00
Account ID: 137
Reference #: 887

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 WINTER HILL YACHT CLUB Business Location: 130R FOLEY ST Business Phone: (617)623-2244	
License Holder: WINTER HILL YACHT CLUB INC. 130R FOLEY STREET SOMERVILLE, MA 02143 (617)623-2244	CITY CLERK'S OFFICE SOMERVILLE, MA 2013 MAY -3 A 9:58
Mailing Address: WINTER HILL YACHT CLUB INC. SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) SECRETARY - CYNTHIA SNOW MURPHY TREASURER - ROBERT FOLEY	TREASURER - PEDER ACRES
FID: 237067543	
Food Manager/Emergency Contact: WILLIAM ROGERS 617-719-2300	

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

Hours: **MO-SU 5 AM - MIDNIGHT**

Description of Location and/or Other Conditions:
Originally Issued 5/22/1969, 6,000 Gals. Gasoline 1,000 Heating Oil.

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: William H Rogers Date: 5/3/13
 Print Name: WILLIAM H ROGERS Phone: 617 719 2300

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: WINTER HILL YACHT CLUB
Address: 1300 FOLLY ST
City: SOMERVILLE State: MA Zip: 02145 Phone #:

- 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: William H. Rogan Date: 5-3-13

Print Name: WILLIAM H. ROGAN

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: WINTER HILL YACHT CLUB

Address of taxpayer/applicant's business in Somerville: 130 R FOLEY ST

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

Taxpayer/applicant's phone: day: 617 623 2244 evening: _____

I, (print name) William H ROGERS, 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 3 day of May, 2013. William H Rogers
(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: _____

126991 # 901042001 # 24021 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP: 

RECEIVED
Barrows
5-3-13