

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:

HERB G. CHAMBERS  
259 MCGRATH HIGHWAY  
SOMERVILLE MA. 02143 4444  
Lic#: F-2010-083  
B.O.A.#:  
Fee: \$500.00

Restricted to: 6,075 Gallons Total

Restricted as follows;

STORAGE ONLY

4,000 GALS. GASOLINE UNDERGROUND 50 GALS. GREASE ABOVEGROUND  
500 GALS. WASTE OIL " 50 GALS. GEAR OIL "  
1,000 GALS. MOTOR OIL " 275 GALS. HYDRAMATIC FLUID "  
55 GALS. NAPTCA " 165 GALS. ALCOHOL Removed "  
200 GALS. PERM. ANTI-FREEZE

Is the holder of the license originally granted 04/09/1959 for the lawful use of the building (s) or other structure (s) situated or to be situated at 00259 MCGRATH HWY 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: CHAMBERS MOTORCARS TEL: 617-666-4100  
Company Address: 00259 MCGRATH HWY

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: HERB G. CHAMBERS TEL: 617-666-4100  
Owner Address: 259 MCGRATH HIGHWAY

Owner City: SOMERVILLE State: MA Zip: 02143  
FID#: 061335996

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 X Occupant \_\_\_ Holder \_\_\_

[Signature]  
Signature of Applicant

259 McGrath Hwy  
Address

Somerville MA 02143  
City State Zip

\*\* Office Use Only \*\*  
Mailed 11:00  
Taken 11:00  
Received: \_\_\_\_\_  
City Clerk

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.

  
\_\_\_\_\_  
\* Signature of Individual or Corporate Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

010-1335996  
\_\_\_\_\_  
\*\* 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: Herb Chambers I-93 Inc
- 2. Address of taxpayer/applicant's business in Somerville: 259 McGrath Highway
- 3. Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
- 4. Taxpayer/applicant's phone: day: 617 666 6410 evening: \_\_\_\_\_

I, Herbert G Chambers, 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 7th day of April, 20 10.  
[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: \_\_\_\_\_

# 11358084     
 # 14505104     
 # 30050160     
 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB ORIGINAL STAMP:

received  
UBanton  
4-12-10

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: Herb Chambers I-93 Inc  
 Address: 259 McGrath Highway  
 City: Somerville State: MA Zip: 02143 Phone #: 617 446 4100

- I am an employer with 100 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 \_\_\_\_\_

Workers' compensation insurance information (if applicable):

Insurance Company Name: Liberty Mutual  
 Address: PO Box 9525  
 City: Manchester State: NH Zip: 03108 Phone #: 603 472 7100  
 Policy #: WC 7-11-257840-026 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: 4/7/10  
 Print Name: Herbert C Chambers

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)