

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:

BURTON F. FAULKNER, JR.  
P.O. BOX 227 25 HIGHLAND AVE.  
SOMERVILLE MA 02143 4444

Lic#: F-2010-059  
B.O.A.#:  
Fee: \$100.00

CITY CLERK'S OFFICE  
SOMERVILLE, MA

2010 JUN 16 A 10:04

Restricted to: 10,000 Gallons Total  
Restricted as follows;  
STORAGE ONLY  
10,000 GALS. #2 FUEL OIL

Is the holder of the license originally granted 05/25/1978  
for the lawful use of the building (s) or other structure (s) situated or  
to be situated at 00025 -00027 HIGHLAND AV  
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: BURTON F. FAULKNER TOWER TEL: 617-628-2119  
Company Address: 00025 -00027 HIGHLAND AV

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: BURTON F. FAULKNER, JR. TEL: 617-628-2119  
Owner Address: P.O. BOX 227 25 HIGHLAND AVE.

Owner City: SOMERVILLE State: MA Zip: 02143  
FID#: 042608850

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 \_\_\_

B. Faulkner  
Signature of Applicant

25 HIGHLAND Avenue  
Address

Somerville MA 02143  
City State Zip

\*\* Office Use Only \*\*  
Mailed \_\_\_  
Taken   
Received: \$50.00 ck # 8512  
6/16/10 - ms  
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: BURTON F. FAULKNER TOWER
2. Address of taxpayer/applicant's business in Somerville: 25 HIGHLAND AVENUE
3. Address of taxpayer/applicant's home in Somerville: 54 HIGHLAND AVENUE
4. Taxpayer/applicant's phone: day: 617 628-2119 evening: \_\_\_\_\_

I, BURTON F. FAULKNER, 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 16th day of June, 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: \_\_\_\_\_

# 99745170      # 661043011      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

**received**  
6-16-10

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: BURTON F. FAULKNER, JR. - BURTON F. FAULKNER TOWER

Address: 25 HIGHLAND AVENUE

City: SOMERVILLE State: MA Zip: 02143 Phone #: 617 628-2119

- I am an employer with 5 employees (full and/or part time). Business Type:  Retail  
 Restaurant/Bar/Eating Establishment  
 Office and/or Sales (real estate, auto, etc.)  
 Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other SUBSIDIZED HOUSING FOR ELDERLY
- 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.

Workers' compensation insurance information (if applicable):

Insurance Company Name: CNA INSURANCE COMPANIES (CONTINENTAL CASUALTY)

Address: PO BOX 3556

City: ORLANDO State: FL Zip: 32802 Phone #: 800-453-9843

Policy #: 0374M46A Expiration Date: 10/01/2010

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: [Signature] Date: JUNE 16, 2010

Print Name: BURTON F. FAULKNER, JR.

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

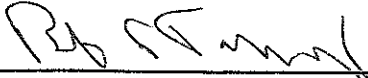
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Board of Health  
 Building Department  
 City/Town Clerk  
 Licensing Board  
 Selectmen's Office  
 Other \_\_\_\_\_

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.

 BURTON F. FAULKNER, JR.  
\* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

012-26-1179 04-26 08850  
\*\* 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.