



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

2013 APR -9 P 12: 24

**APPLICATION TO RENEW FLAMMABLES LICENSE**

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**M.S WALKER INC.  
20 THIRD AVE  
SOMERVILLE, MA 02143**

License #: **946**

City # **F140**

Fee: **550.00**

Account ID: **750**

Reference #: **946**

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 <b>M.S WALKER INC.</b> Business Location: <b>20 THIRD AVE</b> Business Phone: <b>617-776-6700</b>	
License Holder: <b>M.S WALKER INC.</b> <b>20 THIRD AVE</b> <b>SOMERVILLE, MA 02143</b> <b>617-776-6700</b>	
Mailing Address: <b>M.S WALKER INC.</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>TREASURER - DOUGLAS SHAW</b> <b>PRESIDENT - HARVEY ALLEN</b>	
FID: <b>041941600</b>	
Food Manager/Emergency Contact: <b>JOHN AVIGIAN</b> <b>617-610-0699</b>	

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 1/22/1981, Storage And Sale 90,000 Gals. 190 Proof Alcohol (In 3 Steel Storage Tanks Aboveground--30,000 Gals. Each).**

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: *[Signature]* Date: 3/13/13

Print Name: RICHARD A SANDLER Phone: 617 776 6700

*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: M.S. WALKER INC  
Address: 20 THIRDS AVE  
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-776-6700

- ☒ I am an employer with 360 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: MA EMPLOYERS INSURANCE COMPANY  
Address: 54 Third Ave  
City: Burlington State: MA Zip: 01803 Phone #: 781-221-1600  
Policy #: UM28W2391012002 Expiration Date: 4/1/2013

**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: Richard A. Sandler Date: 3/13/13

Print Name: RICHARD A SANDLER

*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: M.S WALKER INC

Address of taxpayer/applicant's business in Somerville: 20 THIRD AVE SOMERVILLE MA

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-776 6700 evening: 617-660-0699

I, (print name) RICARDO A SANDER, 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 13<sup>TH</sup> day of MARCH, 2013. Ricardo A Sander  
(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: \_\_\_\_\_

# \_\_\_\_\_ # 551001 041 # \_\_\_\_\_ # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: