

NOTE: COMPLETE FORM AND FOWARD WITH FEE TO CITY CLERK' OFFICE.  
DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFTY.

pd \$500

**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:

BROADWAY BRAKE CORPORATION  
P.O. BOX 45459  
SOMERVILLE MA 02145 4444  
Lic#: F-2011-020  
B.O.A.#:  
Fee: \$500.00

Restricted to: 8,600 Gallons Total  
Restricted as follows;

- GASOLINE TANKS REMOVED 1996 PER OWNER
- 2,000 GALS. FUEL OIL
- 200 GALS. MOTOR OIL
- 200 GALS. ANTI-FREEZE
- 200 GALS. GREASE

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
2011 APR 21 P 3:09

Is the holder of the license originally granted 02/18/1944 for the lawful use of the building (s) or other structure situated or to be situated at 00045 BROADWAY 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: BROADWAY BRAKE CORPORATION TEL: 617-666-1100  
Company Address: 00045 BROADWAY

City: SOMERVILLE State: MA Zip: 02145

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

Owner Name: BROADWAY BRAKE CORPORATION TEL: 617-666-1100  
Owner Address: P.O. BOX 45459

Owner City: SOMERVILLE State: MA Zip: 02145  
FID#: 042954750

This Application must be signed and filed with the required fee no later than April 30, 2011. The responsibility for filing on time is yours. If the renewal application is not returned to the City Clerk's office by 04/30/2011 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

75 Broadway  
Address

Somerville Ma 02145  
City State Zip

\*\* Office Use Only \*\*  
Mailed \_\_\_\_\_  
Taken \_\_\_\_\_  
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.

**Broadway Brake Corp**

\* Signature of Individual or Corporate Name (Mandatory)

  
By: Corporate Officer (Mandatory, if a corporation)

**04-2954750**

\*\* 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**

Exact name of taxpayer/applicant's business: Broadway Brake Corp

Address of taxpayer/applicant's business in Somerville: 45 Broadway

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

Taxpayer/applicant's phone: day: 617-666-1100 evening: 617-924-5512

I, (print name) Philip D'Angelo, 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 April, 2011. *Philip D'Angelo*  
(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: \_\_\_\_\_  
# 89000222      # 101004001      # 01630003      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: *[Signature]*

ORIGINAL STAMP: **Received**  
4-21-11



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street, 7<sup>th</sup> Floor  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: Broadway Brake Corp

address: 45 Broadway

city Somerville

state: MA

zip: 02145 phone # 617-666-1100

work site location (full address): 45 Broadway, Somerville, MA 02145

I am a sole proprietor and have no one working in any capacity. Business Type:  Retail  Restaurant/Bar/Eating Establishment  
 Office  Sales (including Real Estate, Autos etc.)

I am an employer with 14 employees (full & part time).  Other

I am an employer providing workers' compensation for my employees working on this job.

company name: Broadway Brake Corp

address: 45 Broadway

city: Somerville, MA 02145

phone #: 617-666-1100

insurance co. Chartis

policy # WC 9870804

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name:

address:

city:

phone #:

insurance co.

policy #

company name:

address:

city:

phone #:

insurance co.

policy #

Attach additional sheet if necessary

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 year's 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

*Philip D'Angelo*

Date

4/13/11

Print name

Philip D'Angelo

Phone #

617-666-1100

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_

check if immediate response is required

- Building Department
- Licensing Board
- Selectmen's Office
- Health Department
- Other \_\_\_\_\_

contact person: \_\_\_\_\_

phone #: \_\_\_\_\_

(revised Sept. 2003)