

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:

PETER A DUPUIS, SR.

P.O. BOX 207, 2 ALPINE STREET

SOMERVILLE MA 02144 4444

Lic#: F-2012-164

B.O.A.#:

Fee: \$550.00

Restricted to: 18,900 Gallons Total

Restricted as follows;

18,900 GAL. OF FUEL OIL ABOVEGROUND

Is the holder of the license originally granted 12/10/1992  
for the lawful use of the building (s) or other structure (s) situated or  
to be situated at 00009 -00013 ALPINE ST  
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: FAULKNER BROS. INC. TEL: 617-625-8255  
Company Address: 00009 -00013 ALPINE ST

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: PETER A DUPUIS, SR. TEL: 617-625-8255  
Owner Address: P.O. BOX 207, 2 ALPINE STREET

Owner City: SOMERVILLE State: MA Zip: 02144  
FID#: 042305114

This Application must be signed and filed with the required fee no later than  
April 30, 2012. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by  
04/30/2012 please advise this office at once.

This renewal application must be signed by the holder of the license.

Check One: Owner \_\_\_ Occupant \_\_\_ Holder ☒

Signature of Applicant

2 Alpine St.  
Address

Somerville MA 02144  
City State Zip

\*\* Office Use Only \*\*

Mailed

Taken

Received:

4-19-12

\$550

CK 9924

City Clerk

# IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: Faulkner Brothers Inc.  
Somerville Address and Zip Code: 2 Alpine St. 02144  
Phone Number of the Business: 617-625-8255

The Legal Name of the License Holder: Faulkner Brothers Inc.  
Street Address of the License Holder: 2 Alpine St.  
City, State and Zip Code of the License Holder: Somerville, MA 02144  
Phone Number of the License Holder: 617-625-8255  
Email Address of the License Holder: fbinfo@faulknerinc.com

Where We Should Send Mail: Name: Peter Dupuis  
Street Address: PO Box 207  
City, State and Zip Code: Somerville, MA 02143  
Email: fbinfo@faulknerinc.com  
Phone Number: 617-625-8255

Federal ID # (Do Not Give a Social Security #): 04-2305114

Emergency Contact and Phone (For Fire Dept. Use): Peter Dupuis 617-625-8255

Type of Business (Check Only One and Give the Names Indicated):  
☐ Sole Proprietor: Name of Owner: \_\_\_\_\_  
☐ Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: \_\_\_\_\_  
☐ Trust: Names of All Trustees Who Own More Than 10%: \_\_\_\_\_  
☒ Corporation (inc. LLC): Name of President: Michael R. Dupuis  
Name of Secretary: Michael A. Dupuis  
Name of Treasurer: Peter A. Dupuis Jr.  
Other (Attach a Description of the Form of Ownership and the Names of Owners) \_\_\_\_\_

**ACKNOWLEDGEMENT:** 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 Somerville Board of Aldermen.  
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Peter Dupuis Date 4/19/12

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.

Paul Kner Brothers Inc.

\* Signature of Individual or Corporate Name (Mandatory)

[Signature]

By: Corporate Officer (Mandatory, if a corporation)

04-2305114

\*\* 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: Ran/Kner Brothers Inc.

Address of taxpayer/applicant's business in Somerville: 2 Alpine St.

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

Taxpayer/applicant's phone: day: 617-625-8255 evening: 617-625-8255

I, (print name) Peter A Dupuis 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 19th day of April, 20 12. Peter A Dupuis Jr.  
(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: \_\_\_\_\_

# 352 # \_\_\_\_\_ # 15 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:





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: Faulkner Brothers Inc.  
address: 2 Alpine St.  
city: Somerville state: MA zip: 02144 phone # 617-625-8255

work site location (full address):

- ☐ 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 Home Heating Oil Sales & Service  
☒ I am an employer providing workers' compensation for my employees working on this job.

company name: Faulkner Brothers Inc.  
address: 2 Alpine St.  
city: Somerville phone #: 617-625-8255  
insurance co. Federated Mutual Insurance Co policy # 9915645

☐ 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 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 Peter A. Dupuis Date 4/19/13  
Print name Peter A. Dupuis Jr. Phone # 617-625-8255

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  
contact person: \_\_\_\_\_ phone #: \_\_\_\_\_  
(revised Sept. 2003)

- ☐ Building Department  
☐ Licensing Board  
☐ Selectmen's Office  
☐ Health Department  
☐ Other