



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2016 MAR 14 P 12:57

Application to Renew Flammables License

CITY CLERK'S OFFICE
SOMERVILLE, MA

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

License #: BL15-000946
File #: 15-750
Fee: 605

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: M.S WALKER INC. Business Location: 20 THIRD AVE Business Phone: 617-776-6700	
License Holder: M.S WALKER INC. 20 THIRD AVE SOMERVILLE MA 02143	
Mailing Address: M.S WALKER INC. 20 THIRD AVE SOMERVILLE MA 02143	
Business Type: Corporation HARVEY ALLEN DOUGLAS SHAW RICHARD SANDLER	
FID: 041941600	
Emergency Contact: JOHN AVIGIAN Phone: 617-610-0699	
# of Gallons of Flammables to be Stored: 90000 Describe Flammables to be Stored: Not yet provided. Proposed Hours of Operation: Not yet provided.	

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:  Date: 2/29/16

Printed Name: Richard A Sandler Phone: 617 776 6700



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

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617 776 6700 evening: 617 610 0699

I, (print name) Richard A. Sandler, 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 29 day of FEBRUARY, 2016. [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: _____

15086 # 551001041 # _____ # _____

NOTES:

CLERK'S INITIALS: VR

ORIGINAL STAMP:

received
[Signature]
3-9-16

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143
(617) 625-6600 EXT. 3500 • TTY: (866) 808-4851 • FAX: (617) 666-9682
WWW.SOMERVILLEMA.GOV

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 Third Ave
City: Somerville State: MA Zip: 02143 Phone #: 617 776 6700
☒ I am an employer with 426 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: AIM MUTUAL INS Co.
Address: 54 Third Ave
City: Burlington State: MA Zip: 01801 Phone #: 781 221 1600
Policy #: WMZ-800-8006786-2016A Expiration Date: 4/1/16

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: 2/29/16
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 _____