



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

**APPLICATION TO RENEW FLAMMABLES LICENSE**

**THOMAS LYNCH  
80 MORRISON AVENUE  
SOMERVILLE, MA 02144**

License #: **850**  
City # **F75**  
Fee: **550.00**  
Account ID: **605**  
Reference #: **850**

# 7017

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>PETE'S BOY'S, INC.</b> Business Location: <b>229R LOWELL ST</b> Business Phone: <b>617-628-1150</b>	
License Holder: <b>PETE'S BOY'S, INC.</b> <b>229 LOWELL ST</b> <b>SOMERVILLE, MA 02143</b> <b>617-628-1150</b>	
Mailing Address: <b>THOMAS LYNCH</b> <b>SOMERVILLE, MA 02144</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - TOM LYNCH</b> <b>SECRETARY - TOM LYNCH</b>	
FID: <b>300175654</b>	
Food Manager/Emergency Contact: <b>TOM LYNCH</b> <b>617-628-1150</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 3/22/1923, Amended 03/26/30, 02/11/54. Storage Only: 7,000 Gals. Gasoline. 1,000 Gals. Waste Oil. 500 Gals. Fuel Oil. 300 Gals. Alcohol. 1,000 Gals. Motor Oil.**

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: 2-22-2013

Print Name: Tom Lynch

Phone: 617-628-1150

**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: Pete's Burgers  
 Address: 228 South St  
 City: Somerville State: MA Zip: 02149 Phone #: 617-628-1100

- |   |  |
|---|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).<br><input type="checkbox"/> I am a sole proprietor or partnership and have no employees.<br><input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.<br><input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <b>Business Type:</b><br><input type="checkbox"/> Retail<br><input type="checkbox"/> Restaurant/Bar/Eating Establishment<br><input type="checkbox"/> Office and/or Sales (real estate, auto, etc.)<br><input type="checkbox"/> Nonprofit<br><input type="checkbox"/> Entertainment<br><input type="checkbox"/> Manufacturing<br><input type="checkbox"/> Health Care<br><input type="checkbox"/> Other <u>Real Estate only</u> |
|---|--|

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: N/A Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**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: 3/22/08

Print Name: [Signature]

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

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health <input type="checkbox"/> Building Department <input type="checkbox"/> City/Town Clerk <input type="checkbox"/> Licensing Board <input type="checkbox"/> Selectmen's Office <input type="checkbox"/> Other _____
Contact Person: _____	Phone #: _____	



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Robin Briggs

Address of taxpayer/applicant's business in Somerville: 227 Lowell St

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

Taxpayer/applicant's phone: day: 617-688-1150 evening: None

I, (print name) [Signature], 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 22 day of MARCH, 20 13. [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: \_\_\_\_\_

# 9185      # 228051011      # \_\_\_\_\_      # \_\_\_\_\_  
# 228057001

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

**RECEIVED**  
UBanner  
3-25-13