

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:

CHARLES M. SOUZA/ FRANK A. SOUZA Lic#: F-2011-115
14 ~~BANDIT~~ DRIVE B.O.A.#:
WOBURN MA 01801 4444 Fee: \$500.00

Done

BRANDT Drive

Restricted to: 12,388 Gallons Total
Restricted as follows;
AMENDED 11/22/32, 03/09/33, 04/01/60 - STORAGE AND SALE UNDERGROUND
12,000 GALS. GASOLINE- REMOVED TANKS REMOVED. WANTS TO KEEP
50 GALS. LUB OIL REGRISTRATION IN EFFECT.
150 GALS. ALCOHOL - DOESN'T HAVE
150 GALS. MOTOR OIL
50 Gals. KEROSEN-DOESN'T HAVE

Is the holder of the license originally granted 02/23/1932
for the lawful use of the building (s) or other structure situated or
to be situated at 00000 -00037 PROSPECT 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.

CITY CLERK'S OFFICE
SOMERVILLE MA
2011 APR 15 10 11 AM

Company Name: SOUZA BROS. FOREIGN CARS SERVICE, INC. TEL: 617-628-9517
Company Address: 00000 -00037 PROSPECT ST

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: CHARLES M. SOUZA/ FRANK A. SOUZA TEL: 781-933-0216
Owner Address: 14 ~~BANDIT~~ DRIVE

Owner City: *BRANDT* State: MA Zip: 01801
FID#: 042606053

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

Frank A. Souza
Signature of Applicant
8 HAMMER SMITH DRIVE
Address
SAUGUS MASS, 01906
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.

SOUZA BROS. FOREIGN CAR SERV. INC.
* Signature of Individual or Corporate Name (Mandatory)

Fluanda Souza
By: Corporate Officer (Mandatory, if a corporation)

042 606 053
** 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: AUTO SALES & AUTO REPAIR

Address of taxpayer/applicant's business in Somerville: 3537 PROSPECT ST. SOM

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

Taxpayer/applicant's phone: day: 617 628-9517 evening: _____

I, (print name) _____, 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 _____ day of

_____, 20____. Jamra. Souza
(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: _____
19637020 # 12009500 # 08970032 # _____

NOTES:

CLERK'S INITIALS: W

ORIGINAL STAMP:

RECEIVED
4-14-11



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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: FRANK A SOUZA
 address: 8 HAMMERSMITH DRIVE
 city: SAUGUS state: MASS zip: 01904 phone # 617 628 9517

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 _____ employees (full & part time). Other

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

company name: SOUZA BROS FOREIGN CAR SERV INC
 address: 35-37 PROSPECT ST
 city: Saugus state: MASS 02143 phone #: 617 628 9517
 insurance co: ARMER TRUST INS. CORP policy # WC 063 0622

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: Frank A Souza Date: 4-14-11
 Print name: FRANK A SOUZA Phone #: _____

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 #: _____
 Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____
(revised Sept. 2003)