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

General Laws, the undersigned her	s of Chapter 148, Section 13, of the reby certifies that: /OLINE INSTANT OIL Lic#: F-2011-158 B.O.A.#: Fee: \$500.00
Restricted to: 3,000 Gallor Restricted as follows; 3,000 GALS. LUBRICATING OIL & TRA 5/12/2005 BOA #178762 WITH CONDITION PROPERTY.  Is the holder of the license original the lawful use of the building for the lawful use of the lawful use of the building for the lawful use of the building for the lawful use of the lawful use of the lawful use of the building for the lawful use of the lawfu	ANSMISSION FLUID
to be situated at 00182 WASHINGT as related to the KEEPING, STORAGE EXPLOSIVES. City of Somerville. Note: This Certificate of Registraticense if said license was grant owner or occupant of the land license KINDLY CORRECT ANY ERRORS LI	TON ST GE, MANUFACTURE, OR SALE OF FLAMMABLES OR ration must be signed by the holder of the ted prior to July 1, 1936, otherwise by the
Company Address: 00182 WASHINGTON ST	·
City: SOMERVILLE Stat Check One: Individual: Co: _X Corp: Tru	Gov't Partner
Owner Name: <u>HENLEY ENTERPRISES,</u> Owner Address: <u>54 JACONNET STREET,</u>	NC.D/B/A VALVOLINE INST TEL: 617-243-0404
Owner City: <u>NEWTON HIGHLAND</u> FID#: <u>043036456</u>	State: MA Zip: 02461
April 30, 2011. The responsibility for the renewal application is not reconstructed of the renewal application must be significant.	eturned to the City Clerk's office by e at once.
All CEO	** Office Use Only **
Signature of Applicant	Mailed Taken
Address	Received: 5-10-11 \$500
Newton M 02461	CK 15777  City Clerk
City State Zip	City Clerk



# 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: Henley Enterpr	uses Inc			
address: 54 Jaconne-	t St			
city Newton	state: MK	zip: 024	16/ phone #	617 243 0404
work site location (full address):  I am a sole proprietor and have working in any capacity.		Retail Resta		
	ployees (full & part time	e). Other	ng item Latate, 7	ruio, cic.)
☐ I am an employer providing wor	kers' compensation for i	ny employees working	on this job.	
company name:				
address:				
city:		phone #:		
insurance co:		policy#		
I am a sole proprietor and have l	aired the independent co		ho have the follo	wing workers'
compensation polices:		S (2000 milita) ka panggan sa magangkan kasa Ma		a kanana sa mangan na mga Malangana ka Mangana na mangana na mangana na mga Malangana na mga kanana na mga kan Mga kanana sa mga kanana na mga kanana n
company name:				
åddress:				
city:		phone #:		
insurance-co.		policy#		
company name:				
address:				
city:		phone #:	. M. 22, 15	en e service a seu e
insurance co		policy#		
Atfach additional sheet if necessary Failure to secure coverage as required und	er Section 25A of MGL 152	can lead to the imposition o	f criminal penalties	of a fine up to \$1,500.00 and/or
one years' imprisonment as well as civil pe copy of this statement may be forwarded to	naities in the form of a STO) the Office of Investigations	? WORK ORDER and a fir of the DIA for coverage ve	ie of \$100.00 a day a rification.	igainst me. I understand that a
do hereby certify wither the poins, and	penaltjes of perjury that th			orreci.
Signature A A A A A A A A A A A A A A A A A A A	The Exercise	the Assistant 1	)ate	16/11
Print name Kelly Ann Tair	nter	F	hone # <u>617</u>	243 0404
official use only do not write in this	area to be completed by city	or town official		
				☐Building Department
check if immediate response is requi		A	<u></u>	Building Department Licensing Board Selectmen's Office Health Department Other
contact person:	ph	one #;		☐ Health Department ☐ Other
(revised Sept. 2003)				

#### HENLEYENT

#### ACORD.

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/05/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT Cathi Lawrence				
HUB International New England	PHONE (A/C, No, Ext): 508-235-2207 FAX (A/C, No): 866-569-4091				
222 Milliken Blvd	E-MAIL ADDRESS: catherine.lawrence@hubinternational.com				
Fall River, MA 02722	INSURER(S) AFFORDING COVERAGE				
508 235-2200	INSURER A: National Union Fire Ins Co of P				
INSURED Landous Fortesting Inc.	INSURER B : Continental Casualty	20443			
Henley Enterprises Inc. 51 Jaconnet Street Suite 100	INSURER C:				
Newton Highlands, MA 02461	INSURER D:				
Newton rightands, MA 02401	INSURER E:				
	INSURER F:				

COVERAGES

#### CERTIFICATE NUMBER:

**REVISION NUMBER:** 

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	GENERAL LIABILITY			GL1929533			EACH OCCURRENCE	s1,000,000
Α	X COMMERCIAL GENERAL LIABILITY			GL1929534	05/01/2011	05/01/2012	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	CLAIMS-MADE X OCCUR				ŀ		MED EXP (Any one person)	s 10,000
	X						PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					[	PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY PRO- X LOC					!		\$
Α	AUTOMOBILE LIABILITY			AL0934620	05/01/2011	05/01/2012	COMBINED SINGLE LIMIT (Ea accident)	<sub>\$</sub> 1,000,000
Α	X ANY AUTO			AL0934619			BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	X Drive Oth Car							\$
В	X UMBRELLA LIAB OCCUR			L4030616777	05/01/2011	05/01/2012	EACH OCCURRENCE	\$20,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$20,000,000
	DED RETENTION \$							\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC009915158	05/01/2011	05/01/2012	X WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A					E.L. EACH ACCIDENT	s500,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000
-				·				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**Additional Names Insureds:** 

Henley Enterprises Inc. D/B/A Valvoline Instant Oil Change Mid-Atlantic Lubes LLC D/B/A Valvoline Instant Oil Change

Henley Enterprises Inc. 401K Profit Sharing Plan

Donald R. Smith

(See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION
City of Sommerville MA 93 Highland Ave Somerville, MA 02143	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
1	Michael & Chapun

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	DESCRIPTIONS	6 (Continued from	n Page 1)	 
Todd F. Nelson		<u> </u>	<u></u>	 
James M. McDonald				
Sunshine Lubes LLC D/B/A Va	Ivoline Instant Oil Change			
M&S Limited Partnership				
Mid-Atlantic Lubes LLC				
MS Properties Inc.				
Sunshine Lubes LLC				
SSL Properties LLC				
Henley BlueWater LLC HBW Properties LLC				
Store AB-0001- 182 Washingto	n Street Semmentille MA 02	4.49		
Olore AD-0001- 102 Washingto	n Succi, Sommerville MA 02	143		
				<b>V</b>

# 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.

\* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

\*\* Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a

corporation)

<sup>\*</sup> This license will not be issued unless this certification clause is signed by the applicant.

<sup>\*\*</sup> 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.

		GOOD STANDING	
Exact name of taxpayer/a	pplicant's business: <u>/</u>	lenley Entriprises Inc a nerville: 182 Washir	116/2 Valvoline Ins
Address of taxpayer/appli	cant's business in Son	nerville: 182 Washir	ngton St
Address of taxpayer/appli		i i	<i>J</i>
Taxpayer/applicant's pho	ne: day: <u>617 243</u>	0404 evening:	
J J	aid or that the Taxpay	CEO, the undersigned herein is true and correct are the has entered into an agreen	HI AH TAKAS ADU 1998
SIGNED UNDER THE	PAINS AND PENAL	TIES OF PERJURY, this	day of
( )		(Taxpayer's signa	ture)
	CITY'S ACKNO	WLEDGEMENT	
DATE OF ISSUANCE: _	INĆLI	UDES RELEVANT POSTINGS THROUG	GH:
TAXES AND ACCOUN	Г NUMBER(S) INCI	LUDED IN CERTIFICATE	:
☐ Real Estate	□ Water/Sewer	☐ Personal Property	Other:
#	#	#	#
NOTES:			
CLERK'S INITIALS: _	·	ORIGINAL STAMP:	