

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:  
HENLEY ENTERPRISES, INC. D/B/A VALVOLINE INSTANT OIL Lic#: F-2011-158  
54 JACONNET STREET, SUITE 100 B.O.A.#:  
NEWTON HIGHLAND MA 02461 4444 Fee: \$500.00

Restricted to: 3,000 Gallons Total  
Restricted as follows;  
3,000 GALS. LUBRICATING OIL & TRANSMISSION FLUID  
5/12/2005 BOA #178762 WITH CONDITIONS: NO MORE THAN 3 VEHICLES MAXIMUM  
ON PROPERTY.

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
2011 MAY 10 P 1:58

Is the holder of the license originally granted 01/12/1989  
for the lawful use of the building (s) or other structure (s) situated or  
to be situated at 00182 WASHINGTON 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: HENLEY ENTERPRISES, INC., D/B/A VALVOLINE TEL: 617-666-9501  
Company Address: 00182 WASHINGTON ST

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: HENLEY ENTERPRISES, INC. D/B/A VALVOLINE INST TEL: 617-243-0404  
Owner Address: 54 JACONNET STREET, SUITE 100

Owner City: NEWTON HIGHLAND State: MA Zip: 02461  
FID#: 043036456

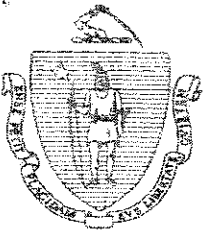
This Application must be signed and filed with the required fee no later than  
April 30, 2011. The responsibility for filing on time is yours.

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 X

[Signature], CEO  
Signature of Applicant  
54 Jaconnet St Suite 100  
Address  
Newton MA 02461  
City State Zip

\*\* Office Use Only \*\*  
Mailed \_\_\_\_\_  
Taken \_\_\_\_\_  
Received: 5-10-11 \$ 500  
CK 15777  
City Clerk



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: Henley Enterprises Inc  
 address: 54 Jacomet St  
 city: Newton state: MA zip: 02461 phone #: 617 243 0404  
 work site location (full address): 182 Washington St  
 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 10 employees (full & part time).  Other  
 I am an employer providing workers' compensation for my employees working on this job.

company name: \_\_\_\_\_  
 address: \_\_\_\_\_  
 city: \_\_\_\_\_ phone #: \_\_\_\_\_  
 insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

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: Kelly Ann Tantor Executive Assistant Date: 5/6/11  
 Print name: Kelly Ann Tantor Phone #: 617 243 0404

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_  Building Department

check if immediate response is required  Licensing Board  
 Selectmen's Office  
 Health Department  
 Other \_\_\_\_\_

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



## DESCRIPTIONS (Continued from Page 1)

Todd F. Nelson

James M. McDonald

Sunshine Lubes LLC D/B/A Valvoline 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 Washington Street, Sommerville MA 02143

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.

*Henley Enterprises Inc*

\* Signature of Individual or Corporate Name (Mandatory)

*[Handwritten Signature], CEO*

By: Corporate Officer (Mandatory, if a corporation)

*04 3036456*

\*\* 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: Henley Enterprises Inc dbba Valvoline Instant

Address of taxpayer/applicant's business in Somerville: 182 Washington St

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

Taxpayer/applicant's phone: day: 617 243 0404 evening: \_\_\_\_\_

I, (print name) Donald R. Smith, CEO, 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 5 day of

May, 20 11. [Signature], CEO  
(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: \_\_\_\_\_

# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: \_\_\_\_\_

ORIGINAL STAMP: