

MAR - 7 2013



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

APPLICATION TO RENEW FLAMMABLES LICENSE

HENLEY ENTERPRISES INC.
54 JACONNET ST. SUITE 100
NEWTON, MA 02461

License #: **922**

City #F158

Fee: **550.00**

Account ID: **654**

Reference #: **922**

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 VALVOLINE INSTANT OIL CHANGE Business Location: 182 WASHINGTON ST Business Phone: 617-666-9501	
License Holder: HENLEY ENTERPRISES INC. 182 WASHINGTON ST SOMERVILLE, MA 02143 617-666-9501	
Mailing Address: HENLEY ENTERPRISES INC., 5 NEWTON, MA 02461	<i>54 Jacconnet St, Suite 100</i>
Business Type: CORPORATION (INC. LLC) TREASURER - JAMES MCDONALD SECRETARY - MICHAEL MCLAUGHLIN	
FID: 043036456	
Food Manager/Emergency Contact: GARY SAWYER 617-650-4350	

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 1/12/1989, 3,000 Gals. Lubricating Oil & Transmission Fluid. No More Than 3 Vehicles Maximum On Property.

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: *[Signature]* Date: *3/5/13*

Print Name: *Kelly Ann Tarter* Phone: *617 243 0904*

CITY CLERK'S OFFICE
SOMERVILLE, MA
2013 MAR - 3 PM 2:07

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: Henley Enterprises Inc
Address: 54 Sacomet St Suite 100
City: Newton State: MA Zip: 02461 Phone #: 617 243 0407

- ☒ I am an employer with 1000 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 Service

Workers' compensation insurance information (if applicable):

Insurance Company Name: Liberty Mutual
Address: 222 Milliken Blvd
City: Fall River State: MA Zip: 02722 Phone #: 508 235 9200
Policy #: WC2611260965012 Expiration Date: 3/14

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: 3/15/13

Print Name: Kelly Ann Tamber

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 _____

Client#: 240565

HENLEYENT

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/06/2013

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 HUB International New England 222 Milliken Blvd Fall River, MA 02722 508 235-2200		CONTACT NAME: Catherine Lawrece PHONE (A/C, No, Ext): 508-235-2207 FAX (A/C, No): 866-569-4091 E-MAIL ADDRESS: catherine.lawrence@hubinternational.com	
INSURED Henley Enterprises Inc. 54 Jaconnet Street Suite 100 Newton Highlands, MA 02461		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Liberty Mutual Insurance Co	
		INSURER B: St Paul Fire and Marine	
		INSURER C: Ohio Casualty Insurance Company	
		INSURER D:	
		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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	TB2611260965022	05/01/2012	05/01/2013	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$20,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Drive Oth Car		AS2611260965032	05/01/2012	05/01/2013	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		ZUP14R3396912NF	05/01/2012	05/01/2013	EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000 occ/agg \$10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC2611260965012	05/01/2012	05/01/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Garagekeepers		AS2611260965032	05/01/2012	05/01/2013	1,000,000 \$2,500 per Occurrence \$500 ded

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

Supplemental Name

Henley Enterprises Inc.
 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
 (See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

City of Somerville 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

Michael A. Chapman

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City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Henley Enterprises, Inc

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

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

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

I, (print name) Donald R Smith, 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 15TH day of MARCH, 2013. [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: _____

15571 # 119016011 # 1300 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: