

CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW FLAMMABLES LICENSE

License #: 956

City #F174

120 BEACON ST. LP C/O EASTPORT REAL ESTATE 318 BEAR HILL ROAD WALTHAM, MA 02451

Fee: **550.00**

Account ID: 473

Reference #: 956

Review and update the information below. <u>If you have workers compensation insurance</u>, 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 Business Location: Business Phone:	e: 120 BEACON ST. LP 120 BEACON ST 781-890-5855							
License Holder: 120 B C/O EASTPORT REA 318 BEAR HILL ROA WALTHAM, MA 0245 781-890-5855	L ESTATE D							
Mailing Address: 120 E C/O EASTPORT REA 318 BEAR HILL ROA WALTHAM, MA 0245	L ESTATE D							
Business Type: PART PARTNER - BARRY I PARTNER - WILLIAM	NERSHIP (INC. LLP) (OROBKIN I KAPLAN							
FID: 043232447								
Food Manager/Eme MICHAEL JAFFE	rgency Contact: 781-389-4230							
Conditions: (to chan Hours: MO-SU 5 Al		on. Contact the City Clerk's Office for more information)						

Description of Location and/or Other Conditions:

Originally Issued 4/24/1997, 20,000 Gallons Underground. 2,000 Gallons Above Ground Storage Maximum.

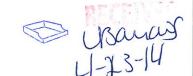
I hereby certify under the penalties of perjury that the following is true -All information shown above is true and accurateAny changes above are subject to the approval of the BOARD OF Al	
-I have filed all State tax returns and paid all State taxes required by la	aw for this business.
Signature: White As as easily for	Date 4/23/14
Print Name: Michael J. He	Phone 78/8905855



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/ap	plicant's business: 12	o Bearen	Stout Lin	arted Partnersh							
Address of taxpayer/applic	ant's business in Somer	ville: \\\	Beacon 5	treet							
Address of taxpayer/applic	ant's home in Somervill	e:									
Taxpayer/applicant's phone	e: day: 781 990 56	evenin	g: <u>SAM</u>	€							
I, (print name) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	nformation contained he d or that the Taxpayer laid agreement.	, th erein is true a has entered in	e undersigned nd correct and to an agreemer	d Taxpayer, do all taxes and fees at to pay all taxes							
SIGNED UNDER THE P	AINS AND PENALTI	ES OF PERJ	URY, this	day of							
SIGNED UNDER THE P	, 20 <u>14</u>	MU Hax	as ogat 120 Benee payer's signatu	<u>st. ι.ρ.</u> re)							
CITY'S ACKNOWLEDGEMENT											
DATE OF ISSUANCE: _	INCLUDE	ES RELEVANT PO	STINGS THROUGH	(;							
TAXES AND ACCOUNT	NUMBER(S) INCLU	DED IN CE	RTIFICATE:								
☐ Real Estate	□Water/Sewer	☐ Personal	Property	Other:							
# 1100	# 128065041	#		#							
NOTES:											
CLERK'S INITIALS:	B	ORIGINAL	STAMP:								



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

Workers' Compensation Insurance Affidavit- General Business

Applic	ant info	rmatio	n:														
Name:	120	Bes	Lun	57,	L.P	•		clo 1	Eistpa	+ 6	2-1	Est	ck	Ser	المدا		
Addres	ss: 2	318	Be	w	1411	R	5										
City:	Wa	Hh.	~			St	ate:	MA	<u> </u>	Zip:	0	1771	Pho	ne #:	761	890	2382
(full and employment) We exe	n an empland/or a sole bloyees. are a comption pare a nounteers a	part tir proprie orporati per c15 onprofit	ne). tor or on tha 2 s1(4 organ	partn at has l), and nization	ership exercis I have on stafi	and hav sed our no emp	right	of	ness Type		Office Nong Ente Man	aurant/	or Sal ent ing	les (rea	Establishi		.)
Worke	rs' com	pensat	ion in	surai	ice inf	ormati	on (if	applic	able):								
Insurar	ice Com	pany N	ame:						_								
Addres	s:							_								- 1 (
Çity:						Sta	ate:			Zip:			Pho	ne #:			
Policy	#:												Exp	iration	Date:		
Applic	ant cert	ificatio	n:														
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I do he	reby cer	tify und	der the	pain	s and p	enaltie	s of p	erjury t	that the in	format	tion p	rovideo	d abo	ve is tr	ue and co	errect.	
Signatu	re:	WW	4	He	a 1	agest	61	12	Beau	n 5+	. L.	P	_Dat	e:	1/23/7	2014	
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