



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

APPLICATION TO RENEW FLAMMABLES LICENSE

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

License #: 956
City #F174
Fee: 550.00
Account ID: 473
Reference #: 956

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: 120 BEACON ST. LP Business Location: 120 BEACON ST Business Phone: 781-890-5855	
License Holder: 120 BEACON ST. LP C/O EASTPORT REAL ESTATE 318 BEAR HILL ROAD WALTHAM, MA 02451 781-890-5855	
Mailing Address: 120 BEACON ST. LP C/O EASTPORT REAL ESTATE 318 BEAR HILL ROAD WALTHAM, MA 02451	
Business Type: PARTNERSHIP (INC. LLP) PARTNER - BARRY KOROBKIN PARTNER - WILLIAM KAPLAN	
FID: 043232447	
Food Manager/Emergency Contact: MICHAEL JAFFE 781-389-4230	

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 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 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: Michael Jaffe as agent for 120 Beacon St LP Date: 4/23/14
Print Name: Michael Jaffe Phone: 781 890 5855



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: 120 Beacon Street Limited Partnership

Address of taxpayer/applicant's business in Somerville: 120 Beacon Street

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

Taxpayer/applicant's phone: day: 781 890 5855 evening: SAME

I, (print name) 120 Beacon St L.P., 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 23 day of April, 2014. [Signature] as agent for 120 Beacon St. L.P.
(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: _____

1100 # 128065041 # _____ # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

RECEIVED
Urbanay
4-23-14

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: 120 Beacon St. L.P. c/o Eastport Real Estate Services

Address: 318 Bear Hill Rd

City: Waltham State: MA Zip: 02451 Phone #: 701 890 5855

- I am an employer with _____ 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 office building

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: _____ Expiration Date: _____

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] as agent for 120 Beacon St. L.P. Date: 4/23/2014

Print Name: Michael Jaffe

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 _____

(revised Jan. 2008)