

#### CITY OF SOMERVILLE BOARD OF ALDERMEN

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

#### APPLICATION TO RENEW FLAMMABLES LICENSE

License #:

500

BROADWAY HENRY LLC 38 -44 BROADWAY SOMERVILLE, MA 02145

Fee:

City #F21 550.00

Account ID:

395

Reference #:

500

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: BROADWAY HENRY LLC Business Location: 38 BROADWAY Business Phone: 617-666-4805	
License Holder: BROADWAY HENRY LLC 38 -44 BROADWAY SOMERVILLE, MA 02145 617-666-4805	ZIII AUG CITY CLE SOMER
Mailing Address: BROADWAY HENRY LLC 38 -44 BROADWAY SOMERVILLE, MA 02145	RK'S OFF
Business Type: CORPORATION (INC. LLC)	TOE SI
FID: <b>043513528</b>	
Food Manager/Emergency Contact:  MARTIN A. HENRY	617 666-4805
The state of the s	

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 11/8/1934, Amended 04/11/35, 12/09/49. All Tanks Removed 1960. 5,000 Gals Gasoline. 50 Gals Alcohol. 1,000 Gals Diesel Oil. 100 Gals Moter Oil. 100 Gals Range Oil.

I hereby certify under the penalties of perjury that the following is true	ə:
-All information shown above is true and accurate.	
-Any changes above are subject to the approval of the BOARD OF A	LDERMEN.
-I have filed all State tax returns and paid all State taxes required by	law for this business.
	0/11/13
Signature: Martin le (Henry	Date 8/17/1~
1104	(15 11/10/15
Print Name: MAKT/// N. HENRY	Phone 617-666 4805

# 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:			
	HENRY LLC		
Address: 38 - 44 B/	PONDWAY		
City: SOMERYILLE		Zip:62145	Phone #: 617 666 4803
☐ I am an employer with(full and/or part time). ☐ I am a sole proprietor or pemployees. ☐ We are a corporation that exemption per c152 s1(4) ☐ We are a nonprofit organivolunteers and have no en	hartnership and have no has exercised our right of , and have no employees. zation staffed by	Office and/ Nonprofit Entertainme Manufactur Health Care	ing
Workers' compensation ins	urance information (if applical	ole):	
Insurance Company Name:			
Address:			
City:	State:	Zip:	Phone #:
Policy #:			Expiration Date:
Applicant certification:			
to \$1 500 00 and/or one year	e, imprisonment as well as civil	nenalties in the form of a	osition of criminal penalties of a fine up STOP WORK ORDER and a fine of the Office of Investigations of the DIA
	pains and penalties of perjury the		
Signature: Mank	who Heway		_Date: <i>8/14//3</i>
Print Name: MARY	N A. HENRY		
Office	al use only. Do not write in this are	a. To be completed by city or	town official.
	Permit/License #:		

(revised Jan. 2008)



## City of Somerville, Massachusetts Finance Department, Treasury Division

### CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: BROADWAY HENRY ILC						
Address of taxpayer/applicant's business in Somerville: 38-44 BRORdWAY						
Address of taxpayer/applicant's home in Somerville: 14 BRONDWS X						
Taxpayer/applicant's phone: day: 617666 4805 evening: 617 335-1200						
I, (print name) MAPTIN A. HENRY, 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 12/th day of						
AUGUST	, 20 <u>/3</u>	(Taxpayer's signatur	Hewry			
CITY'S ACKNOWLEDGEMENT						
DATE OF ISSUANCE: _	INCLUD	ES RELEVANT POSTINGS THROUGH:	:			
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:						
☐ Real Estate	□ Water/Sewer	☐ Personal Property	☐ Other:			
# 1955	# 1442333	) <sub>#</sub>	#			
NOTES: CLERK'S INITIALS:		ORIGINAL STAMP:	RECEIVED / 9			
2		ε.				