



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

APPLICATION TO RENEW FLAMMABLES LICENSE

**MASS BAY COMMUTER RAILROAD LLC
ATTN: MARY ANN REILLY
32 COBBLE HILL ROAD
SOMERVILLE, MA 02143**

License #: 963
City #F178
Fee: 550.00
Account ID: 763
Reference #: 963

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 MASS BAY COMMUTER RAILROAD (MBCR) Business Location: 70R THIRD AVE Business Phone: 617-222-3619	
License Holder: MASS BAY COMMUTER RAILROAD LLC ATTN: MARY ANN REILLY 32 COBBLE HILL ROAD SOMERVILLE, MA 02143 617-222-3619	
Mailing Address: MASS BAY COMMUTER RAILROAD LLC 32 COBBLE HILL ROAD SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JAMES O'LEARY SECRETARY - MARIE BREEN	
FID: 050547924	
Food Manager/Emergency Contact: MARY ANN REILLY 617-293-9662	

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 6/24/1997. 2X175,000 Gal Tank (Fuel Oil). 2X8,000 Gal Tank (Lube Oil). 8,000X1 Gal Tank (Waste Oil). 2,000X1 Gal Tank (Waste Oil). 2X8,000 Gal Tank (Waste Anti/Freeze). 2X500 Gal Tank (Waste Oil). 125X1 Gal Tank (Diesel Generator). 100X1 Gal Tank (Diesel Fire Pump). 285X1 Gal Tank (Waste Oil).

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: Mary Ann Reilly Date 4/25/13
Print Name: Mary Ann Reilly Phone 617-222-8434

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: Massachusetts Bay Commuter Railroad, LLC

Address: 32 Cobble Hill Road

City: Somerville State: MA Zip: 02143 Phone #: 617-222-3619

- | | |
|--|---|
| <input checked="" type="checkbox"/> I am an employer with _____ employees (full and/or part time).
<input type="checkbox"/> I am a sole proprietor or partnership and have no employees.
<input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
<input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | Business Type:
<input type="checkbox"/> Retail
<input type="checkbox"/> Restaurant/Bar/Eating Establishment
<input type="checkbox"/> Office and/or Sales (real estate, auto, etc.)
<input type="checkbox"/> Nonprofit
<input type="checkbox"/> Entertainment
<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Health Care
<input type="checkbox"/> Other <u>Commuter Railroad</u> |
|--|---|

Workers' compensation insurance information (if applicable):

Insurance Company Name: See Attached Letter

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: Robert Johnson on behalf of Date: 4/25/13

Print Name: Robert Johnson

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

- Board of Health
- Building Department
- City/Town Clerk
- Licensing Board
- Selectmen's Office
- Other _____

Contact Person: _____ Phone #: _____

MBCR

*Massachusetts Bay
Commuter Railroad Company*

April 15, 2010

Mr. John J. Long
City Clerk of Somerville
City Hall
93 Highland Avenue
Somerville, MA 02143

Dear Mr. Long,

I am writing in response to your request for certain information related to the Massachusetts Bay Commuter Railroad, LLC (MBCR) need to renew a Storage of Flammables License with the City of Somerville. In particular, the City has requested that MBCR complete a "Worker's Compensation Insurance Affidavit".

However, MBCR is legally exempt from providing Worker's Compensation Insurance for our employees. Rather, MBCR is an Interstate railroad, and as such, is covered by the Federal Employers Liability Act (FELA).

If you have any questions, please contact me at (617) 222-8434. Thank you.

Sincerely,



Mary Ann Reilly
Manager of Environmental Compliance
Massachusetts Bay Commuter Railroad
32 Cobble Hill Road
Somerville, MA 02143



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Massachusetts Bay Commuter Railroad, LLC

Address of taxpayer/applicant's business in Somerville: 32 Cobble Hill Road

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

Taxpayer/applicant's phone: day: 617-222-3619 evening: _____

I, (print name) Robert Johnson, 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 25th day of

April, 2013. Clayton Kelly on _____

(Taxpayer's signature) behalf of Robert Johnson

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: _____

3624
01013148 # 55100101 # 30 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED
Barrows
5-1-13