

NOTE: COMPLETE FORM AND FOWARD WITH FEE TO CITY CLERK' OFFICE.  
DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFTY.

## THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION  
1010 COMMONWEALTH AVE. BOSTON

### RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE

In accordance with the provisions of Chapter 148, Section 13, of the General Laws, the undersigned hereby certifies that:

THOMAS LYNCH  
80 MORRISON AVENUE  
SOMERVILLE MA 02144 4444

Lic#: F-2011-075  
B.O.A.#: 174012  
Fee: \$500.00

Restricted to: 9,800 Gallons Total  
Restricted as follows;  
AMENDED 03/26/30, 02/11/54 - STORAGE ONLY  
7,000 GALS. GASOLINE  
1,000 GALS. WASTE OIL  
500 GALS. FUEL OIL  
300 GALS. ALCOHOL  
1,000 GALS. MOTOR OIL  
NEW OWNER AS OF 2003

2011 APR - 5 PM 3:30  
CITY CLERK'S OFFICE  
SOMERVILLE MA

Is the holder of the license originally granted 03/22/1922 for the lawful use of the building (s) or other structure(s) situated or to be situated at 00229 R LOWELL ST as related to the KEEPING, STORAGE, MANUFACTURE, OR SALE OF FLAMMABLES OR EXPLOSIVES. City of Somerville.

Note: This Certificate of Registration must be signed by the holder of the license if said license was granted prior to July 1, 1936, otherwise by the owner or occupant of the land licensed.

KINDLY CORRECT ANY ERRORS LISTED ON OUR CURRENT RECORDS ABOVE, AND COMPLETE THE LOWER SECTION OF THIS RENEWAL APPLICATION.

Company Name: PETE'S BOY'S, INC. TEL: 617-628-1150  
Company Address: 00229 R LOWELL ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual:    Co:    Corp: X Trust:    Agency    Ship    Gov't Partner  
Other

Owner Name: THOMAS LYNCH TEL: 617-312-3936  
Owner Address: 80 MORRISON AVENUE

Owner City: SOMERVILLE State: MA Zip: 02144  
FID#: 300175654

This Application must be signed and filed with the required fee no later than April 30, 2011. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by 04/30/2011 please advise this office at once.

This renewal application must be signed by the holder of the license.

Check One: Owner ✓ Occupant ✓ Holder ✓

[Signature]  
Signature of Applicant

80 Morrison Ave  
Address

Somerville MA 02144  
City State Zip

\*\* Office Use Only \*\*

Mailed   

Taken   

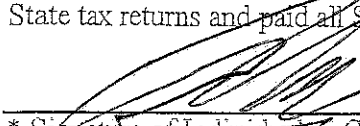
Received: B 4-5-11 CK 2246 \$500.00

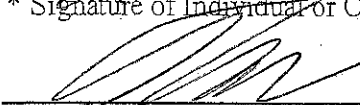
    
City Clerk

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

  
\_\_\_\_\_  
\* Signature of Individual or Corporate Name (Mandatory)

  
\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

04-872 4074  
\_\_\_\_\_  
\*\* Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Thomas L. Lusk

Address of taxpayer/applicant's business in Somerville: 89 Paul St Somerville

Address of taxpayer/applicant's home in Somerville: 89 Paul St Somerville

Taxpayer/applicant's phone: day: 617-628-1150 evening: same

I, (print name) Thomas L. Lusk, 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 5 day of

April, 20 11.

(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: \_\_\_\_\_

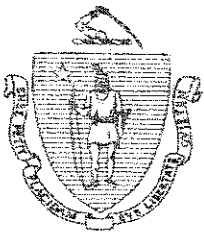
# 89000207 # 228051011 # \_\_\_\_\_ # \_\_\_\_\_  
# 2285404 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

**received**  
UBarras  
4-5-11



The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street, 7<sup>th</sup> Floor  
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: Peter Paj De  
address: 229 Full St  
city: Dorchester state: MA zip: 02124 phone #: 617-628-1150

work site location (full address):

- ☒ I am a sole proprietor and have no one working in any capacity. Business Type: ☐ Retail ☐ Restaurant/Bar/Eating Establishment  
☐ Office ☐ Sales (including Real Estate, Autos etc.)  
☐ I am an employer with \_\_\_\_\_ employees (full & part time). ☐ Other Real Estate only  
☐ I am an employer providing workers' compensation for my employees working on this job.

company name:

address:

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

- ☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name:

address:

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

company name:

address:

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

Attach additional sheet if necessary

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 year's 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: 4-5-11

Print name: Ther J. Hajd Phone #: 617-628-1150

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_ ☐ Building Department

☐ check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_ ☐ Licensing Board

(revised Sept. 2003)

☐ Selectmen's Office  
☐ Health Department  
☐ Other \_\_\_\_\_