CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Flammables License

120 BEACON ST. LP
318 BEAR HILL ROAD
WALTHAM MA 02451

License #: BL15-000956
File #: 15-473
Fee: 550

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 X123	
License Holder: 120 BEACON ST. LP 318 BEAR HILL ROAD WALTHAM MA 02451	
Mailing Address: 120 BEACON ST. LP 318 BEAR HILL ROAD WALTHAM MA 02451	
Business Type: Partnership / LLP BARRY KOROBKIN WILLIAM KAPLAN	
FID: 043232447	
Emergency Contact: MICHAEL JAFFE **Phone:** 781-389-4230	
# of Gallons of Flammables to be Stored: 20000 **Describe Flammables to be Stored:** Not yet provided. **Proposed Hours of Operation:** Not yet provided.	Gas in Automobiles 7AM - 7PM (Tenants have 24-HR Access)

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: _____ Date: 4/20/15

Printed 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 5955 evening: _____

I, (print name) 120 Beacon Street Limited Partnership, 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 20 day of July, 2015. [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: ___

1115 # 1280652411 # _____ # _____

NOTES:

CLERK'S INITIALS: LB **ORIGINAL STAMP:** LBarros 7-22-15

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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: 120 Beacon Street Limited Partnership c/o Eastport Real Estate

Address: 318 Beaver Hill Rd

City: Waltham State: MA Zip: 02451 Phone #: 781 890 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_____

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: 2/20/15

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)