

NOTE: COMPLETE FORM AND FORWARD WITH FEE TO CITY CLERK'S OFFICE.  
DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFETY.

**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:

JAMES NAZZARO  
66 BURGET AVENUE  
MEDFORD MA 02155 4444  
Lic#: F-2011-076  
B.O.A.#:  
Fee: \$500.00

Restricted to: 1,000 Gallons Total  
Restricted as follows;  
AMENDED 05/09/46 - STORAGE ONLY  
1,000 GALS. GASOLINE

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
2011 APR 21 A 9 08

Is the holder of the license originally granted 12/14/1988  
for the lawful use of the building (s) or other structure(s) situated or  
to be situated at 00231 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: GENERAL GLASS & MIRROR CORP. TEL: 617-625-4460  
Company Address: 00231 LOWELL ST

City: SOMERVILLE State: MA Zip: 02145

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

Owner Name: JAMES NAZZARO TEL: 617-625-4460  
Owner Address: 66 BURGET AVENUE

Owner City: MEDFORD State: MA Zip: 02155  
FID#: 042815684

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 \_\_\_

James Nazzaro  
Signature of Applicant  
66 Burget Ave.  
Address  
Medford, Ma. 02155  
City State Zip

\*\* Office Use Only \*\*  
Mailed \_\_\_  
Taken   
Received: 4/21/11 - MS  
\$ 500.00 ck # 1597  
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.

*James Nayor*

\* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

019 32 2584

\*\* 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: James Mazzaro

Address of taxpayer/applicant's business in Somerville: 231 Lowell St. Somerville

Address of taxpayer/applicant's home in Somerville: 66 Budget Ave. Medford, Ma.

Taxpayer/applicant's phone: day: 781-391-5670 evening: \_\_\_\_\_

I, (print name) \_\_\_\_\_, 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 25 day of April, 2011. James Mazzaro  
(Taxpayer 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: \_\_\_\_\_  
# 10992025      # 22805/029      # 20000818      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

**RECEIVED**  
4-21-11



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: James Mazzaro  
 address: 66 Burget Ave  
 city: Medford state: Ma zip: 02155 phone # 781-391-5670

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 Bldg Owner  
 I am an employer providing workers' compensation for my employees working on this job.

company name: \_\_\_\_\_  
 address: 231 Lowell St  
 city: Somerville, Ma 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 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: James Mazzaro Date: 4-21-11  
 Print name: James Mazzaro Phone #: 781-391-5670

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

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_  Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other \_\_\_\_\_

check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_

(revised Sept. 2003)