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 General Laws, the undersigned her BRIAN GODFROY 50 WEBSTER AVENUE SOMERVILLE MA 02143 4444	of Chapter 148, Section 13, of the eby certifies that: Lic#: F-2012-154 B.O.A.#: Fee: \$550.00
Restricted to: 6,630 Gallon Restricted as follows; AMENDED 02/09/61, 03/23/78 - STOR 6,000 GALS. GASOLINE	AGE ONLY AMENDED 09/17/99
500 GALS. FUEL OIL 50 GALS. LUB OIL 30 GALS. GREASE 50 GALS. ANTI-FREEZE restricted to not more than 7,28	0
Is the holder of the license orig	inally granted 02/20/1951
Note: This Certificate of Registr license if said license was grant owner or occupant of the land lic KINDLY CORRECT ANY ERRORS LI	ation must be signed by the holder of the ed prior to July 1, 1936, otherwise by the ensed. STED ON OUR CURRENT RECORDS ABOVE, ON OF THIS RENEWAL APPLICATION.
Company Address: 00050 WEBSTER AV	
City: SOMERVILLE Stat Check One: Individual: Co: Corp: X Tru	e: MA Zip: 02143 Gov't Partner st: Agency Ship Other
Owner Name: BRIAN GODFROY	TEL:
Owner Address: <u>50 WEBSTER AVENUE</u>	Company of the Compan
Owner City: SOMERVILLE FID#: 364173366	State: MA Zip: 02143
This Application must be signed and April 30, 2012. The responsibility f	eturned to the City Clerk's office by eat once. Sined by the holder of the license.
Signature of Applicant	** Office Use Only ** Mailed Taken
50 Webster Ave.	
Address	Received: 4/2/12-MS 8550, 0 cft 8/12/29
Somerville, MA 02143 City State Zip	City Clerk

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: Beacon Sales Co.	
Somerville Address and Zip Code: 50 Webster Ave., Somerville, MA	
Phone Number of the Business: (617)666-2800	
The Legal Name of the License Holder: Beacon Sales Co.	
Street Address of the License Holder: 50 Webster Ave, Somerville, MA	02143
City, State and Zip Code of the License Holder:	
Phone Number of the License Holder: (617) 666-2800	
Email Address of the License Holder:	
Where We Should Send Mail: Name: Beacon Sales Co.	
Street Address: 50 Webster Ave.,	
City, State and Zip Code: Somerville, MA 02143	element een een kaarte een elember 1970 1970 een Pale
Email:	
Phone Number: (617)666-2800	
Federal ID # (Do Not Give a Social Security #): 36-4173366	``
Emergency Contact and Phone (For Fire Dept. Use): Richard Boisvert-617-719	9-1680
Type of Business (Check Only One and Give the Names Indicated):	
Sole Proprietor: Name of Owner:	
Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:	
Trust: Names of All Trustees Who Own More Than 10%:	
XXXCorporation (inc. LLC): Name of President: James Mackimm	
Name of Secretary:	·
Name of Treasurer:	
Other (Attach a Description of the Form of Ownership and the Names of Owners)	÷.

- -I have filed all State tax returns and paid all State taxes required by law for this business.

Date

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.

Ditto toll 100min 1	
Beacon Sales Co.	-detery)
* Signature of Individual or Corporate Name (Mar	idatory)
Proposition	Brian Godfroy
By: Corporate Officer (Mandatory, if a corporation	n)
26 4172266	. C

- ** 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/app	plicant's business: Beacon Sales Co.	 .		
Address of taxpayer/applicant's business in Somerville: 50 Webster Ave.				
Address of taxpayer/applicant's home in Somerville:				
Taxpayer/applicant's phone	e: day: 617-666-2800 evening: Same	·		
I, (print name) Brian Godfroy , 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 26th day of				
March				
	(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 □ Ot	ther:		
# 15727	# 124075001 # 1367 #			
NOTES:	0.5			
CLERK'S INITIALS:	ORIGINAL STAMP:			



The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street, 7th Floor Boston, Mass. 02111 Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Picase PR	INT legibly	
name: Beacon Sales Co.		
address: 50 Webster Ave.		
city Somerville state: MA	zip: 02143 phone # (617) 666-2800	
	Retail Restaurant/Bar/Eating Establishment E Sales (including Real Estate, Autos etc.) Other Wholesaler	
I am an employer providing workers' compensation for my e	mployees working on this job.	
company name: AIG American Home Assurance		
address: P.O. Box 1821		
city: Alphareta	phone #: 877-638-4244	
insurance co.	policy # WC1549245	
I am a sole proprietor and have hired the independent contract	ctors listed below who have the following workers'	
compensation polices:		
company name:		
address:		
city:	phone#:	
insurance co:	policy#	
This regime Co.	en er en	
Company name:		
address:		
city:	phone:#:	
insurance co.	Secretary that the second control is a second control of the secon	
Attach additional sheet if necessary	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 W copy of this statement may be forwarded to the Office of Investigations of t	ORK ORDER and a fine of \$100.00 a day against me. I understand that a	
I do hereby certify under the pains and penalties of perjury that the in		
	Date 3/26/12	
Print name Brian Godfroy	Phone # 617-666-2800	
Time name		
official use only do not write in this area to be completed by city or town official		
city or town:	permit/license #Building DepartmentLicensing Board	
check if immediate response is required	town official permit/license #Building Department Licensing Board Selectmen's Office Health Department Other	
contact person: phone (revised Sopt. 2003)	#;Other	
The second secon		