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

THE COMMONWEALTH OF MASSACHUSETTS

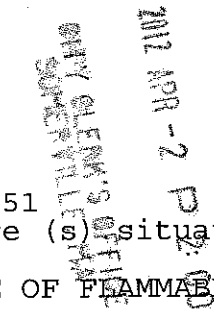
DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION
1010 COMMONWEALTH AVE. BOSTON

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:

BRIAN GODFROY — Lic#: F-2012-154
50 WEBSTER AVENUE — B.O.A.#:
SOMERVILLE MA 02143 4444 — Fee: $550.00

Restricted to: 6,630 Gallons Total
Restricted as follows;
AMENDED 02/09/61, 03/23/78 - STORAGE ONLY AMENDED 09/17/99
6,000 GALS. GASOLINE
500 GALS. FUEL OIL
50 GALS. LUB OIL
30 GALS. GREASE
50 GALS. ANTI-FREEZE
restricted to not more than 7,280



Is the holder of the license originally granted 02/20/1951 for the lawful use of the building (s) or other structure (s) situated or to be situated at 00050 WEBSTER AV 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: BEACON SALES COMPANY TEL: 617-666-2800
Company Address: 00050 WEBSTER AV
City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: BRIAN GODFROY TEL: ____
Owner Address: 50 WEBSTER AVENUE
Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 364173366

This Application must be signed and filed with the required fee no later than April 30, 2012. The responsibility for filing on time is yours.
If the renewal application is not returned to the City Clerk's office by 04/30/2012 please advise this office at once.
This renewal application must be signed by the holder of the license.
Check One: Owner ____ Occupant ____ Holder ____

Signature of Applicant

50 Webster Ave.
Address

Somerville, MA 02143
City State Zip

** Office Use Only **
Mailed ✓
Taken ____

Received: 4/2/12 -MS

$550.00 ck # 8142129
City Clerk

IMPORTANT

661
LIC 849

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

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-617-719-1680

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%:

XX_X Corporation (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)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: _____ **Date** 3/26/12

Brian Godfroy-Controller

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.

Beacon Sales Co.

* Signature of Individual or Corporate Name (Mandatory)

Brian Godfroy

By: Corporate Officer (Mandatory, if a corporation)

36-4173366

** 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: 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: 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, 2012. _____
(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: ___
# 15727	# 124025001	# 1367	#

NOTES:

CLERK'S INITIALS: VB **ORIGINAL STAMP:**

RECEIVED
3-26-12

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143
(617) 625-6600 EXT. 3500 • TTY: (866) 808-4851 • FAX: (617) 666-9682
WWW.SOMERVILLEMA.GOV

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: Please PRINT legibly

name: Beacon Sales Co.

address: 50 Webster Ave.

city Somerville state: MA zip: 02143 phone # (617)666-2800

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 24 employees (full & part time). ☒ Other Wholesaler

☒ I am an employer providing workers' compensation for my employees 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 contractors listed below who have the following workers' compensation polices:

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 _____ Date 3/26/12

Print name Brian Godfroy Phone # 617-666-2800

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)