

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:

WINTER HILL YACHT CLUB, INC.

P.O. BOX 8, 130R FOLEY STREET

SOMERVILLE MA 02143 4444

Lic#: F-2010-055

B.O.A.#:

Fee: \$500.00

Restricted to: 7,000 Gallons Total

Restricted as follows;

6,000 GALS. GASOLINE

1,000 HEATING OIL

Is the holder of the license originally granted 05/22/1969 for the lawful use of the building (s) or other structure (s) situated or to be situated at 00130 R FOLEY 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: WINTER HILL YACHT CLUB, INC. TEL: 617-623-2244

Company Address: 00130 R FOLEY ST

P.O. BOX 8

City: SOMERVILLE State: MA Zip: 02143

Check One:

Individual: Co: X Corp: Trust: Agency Ship Other

Owner Name: WINTER HILL YACHT CLUB, INC.

TEL: 617-623-2244

Owner Address: P.O. BOX 8, 130R FOLEY STREET

Owner City: SOMERVILLE

State: MA

Zip: 02143

FID#: 237067543

This Application must be signed and filed with the required fee no later than April 30, 2010. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by 04/30/2010 please advise this office at once.

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

Check One: Owner Occupant Holder X

Carl F. Hubert TREASURER
Signature of Applicant

130R FOLEY ST (P.O. Box 8 02143)

Address

SOMERVILLE MA 02145

City

State

Zip

** Office Use Only **

Mailed

Taken

Received: 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.

WINTER HILL YACHT CLUB, INC.

* Signature of Individual or Corporate Name (Mandatory)

Sam Roberts, TREASURER

By: Corporate Officer (Mandatory, if a corporation)

23-7067543

** 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.

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: WINTER HILL Yacht Club, INC.

Address: 130 R FOLEY St

City: SOMERVILLE

State: MA

Zip: 02145 Phone #: 617-623-2244

- ☐ I am an employer with _____ employees (full and/or part time). **Business Type:** ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☒ We are a nonprofit organization staffed by volunteers and have no employees. ☐ 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: Paul J. Flaherty

Date: 4/27/2010

Print Name: PAUL J. FLAHERTY, TREASURER

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

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

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: WINTER HILL YACHT CLUB, INC.
2. Address of taxpayer/applicant's business in Somerville: 130 R FOLEY ST
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: 617-623-2244 evening: 617-623-2244

I, PAUL J. FLAHERTY, TREASURER, 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 27th day of APRIL, 2010. [Signature]
(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: _____

99746041 # 144048011 # 30050825 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

received
h 4-27-10