

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:

CHARLES M. & FRANK A. SOUZA
14 BRANDT DRIVE
WOBURN MA 01801 4444

Lic#: F-2010-115
B.O.A.#:
Fee: \$500.00

Restricted to: 12,388 Gallons Total

Restricted as follows;

AMENDED 11/22/32, 03/09/33, 04/01/60 - STORAGE AND SALE UNDERGROUND
12,000 GALS. GASOLINE- REMOVED TANKS REMOVED. WANTS TO KEEP
50 GALS. LUB OIL REGISTRATION IN EFFECT.
150 GALS. ALCOHOL - DOESN'T HAVE
150 GALS. MOTOR OIL
50 Gals. KEROSEN-DOESN'T HAVE

Is the holder of the license originally granted 02/23/1932 for the lawful use of the building (s) or other structure (s) situated or to be situated at 00035 -00037 PROSPECT 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: SOUZA BROS. FOREIGN CARS SERVICE, INC. TEL: 617-628-9517
Company Address: 00035 -00037 PROSPECT ST

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: CHARLES M. & FRANK A. SOUZA TEL: 781-933-0216
Owner Address: 14 BRANDT DRIVE

Owner City: WOBURN State: MA Zip: 01801
FID#: 042606053

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 ___

Frank A. Souza
Signature of Applicant

8 Hammermouth Drive
Address

Somerville MA
City State Zip

** Office Use Only **
Mailed _____
Taken ✓
Received: \$ 500.00 clerk # 17996
MS 4/15/10
City Clerk

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: SOUZA BROS. FOREIGN CAR SERV. INC.
 Address: 35-39 PROSPECT ST.
 City: SOMBRVILLE State: MASS. Zip: 02143 Phone #: 617 628-9817

- I am an employer with 2 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: MASS. RETAIL MERCHANTS W.C. GROUP INC.
 Address: 10 BRITISH AMERICAN BLVD.
 City: LATHAM State: N.Y. Zip: 12110 Phone #: 1518-213-1900
 Policy #: 014 00 503 176 8110 Expiration Date: 1-01-2011

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: C. Souza Date: 4-12-10
 Print Name: C. SOUZA

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

- Exact name of taxpayer/applicant's business: SOUZA BROS. FOREIGN CAR SERV. INC.
- Address of taxpayer/applicant's business in Somerville: 35-37 PROSPECT ST, SOM.
- Address of taxpayer/applicant's home in Somerville: _____
- Taxpayer/applicant's phone: day: 617-628-9517 evening: _____

I, Frank A. Souza, 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 14 day of

APRIL, 20 10. Frank A. Souza
(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: _____

19637020 # 120095001 # 08970022 # _____

NOTES:

CLERK'S INITIALS: h

ORIGINAL STAMP: **received**
4-15-10

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.

SOUZA BROS. FOREIGN CAR SERV. INC.

* Signature of Individual or Corporate Name (Mandatory)

P. Souza

By: Corporate Officer (Mandatory, if a corporation)

042 606 053

** 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.