

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

HENLEY ENTERPRISES, INC. D/B/A VALVOLINE INSTANT O
54 JACONNET STREET, SUITE 100
NEWTON HIGHLAND MA 02461

LIC #: 2010-157
B.O.A.#

\*\*\* ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR \*\*\*

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: Parking or Storing Vehicles:

Washing Vehicles: Spray Painting: Operating a Tow Vehicle:

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
This Certificate must be signed and filed with the required fee of \$500.00 not later than April 30, 2010. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current records below. Please print or type your information, except for signature.

Company Name: HENLEY ENTERPRISES INC.D/B/A VALVOLINE/OIL TEL: 617-666-9501
Company Address: 00182 WASHINGTON ST

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: HENLEY ENTERPRISES, INC. D/B/A VALVOLINE IN TEL: 617-243-0404

Owner Address: 54 JACONNET STREET, SUITE 100

Owner City: NEWTON HIGHLAND State: MA Zip: 02461

FID#: 043036456

This renewal is being sent to you as a courtesy, please file on time. If this renewal is not returned to City Clerk's office by 04/30/2010, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*
MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

OUR CURRENT INFORMATION SHOWS

-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2010-157
FEE: \$500.00

This is to certify: HENLEY ENTERPRISES, INC. D/B/A VALVOLINE INSTANT O has been licensed by the Mayor and the Aldermen of the City of Somerville. Since 01/12/1989

Garage situated at: 00182 WASHINGTON ST

Doing business as : HENLEY ENTERPRISES INC.D/B/A VALVOLINE/OIL CHANGE

Shall not exceed: 3 Vehicles Inside & 3 Vehicles Outside, not on public ways in addition the following restrictions apply:

5/12/2005 BOA #178762 Conditions: No more than 3 Vehicles Inside and no more than 3 outside waiting for service.

This renewal certificate must be signed by the holder of the license.
Check One: Owner Occupant Holder

Signature of Applicant

54 JACONNET ST, SUITE 100
Address

NEWTON MA 02461
City State Zip

\*\* Office Use Only \*\*
Mailed
Taken

Received: 4-8-10
CR 11146 \$500-
City Clerk

APR 8 2010 1:35 PM
CITY CLERK'S OFFICE
SOMERVILLE, MA

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.

Healey Enterprises, Inc.

\* Signature of Individual or Corporate Name (Mandatory)

[Signature]

Donald R. Smith, C.E.O.

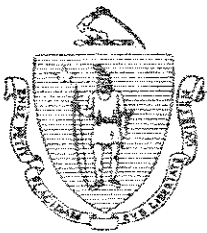
By: Corporate Officer (Mandatory, if a corporation)

04-3036456

\*\* 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, 7<sup>th</sup> Floor  
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: Henley Enterprises, Inc. DBA / Valvoline Truck & Oil Change

address: 54 JACONNET ST. SUITE 100

city: NEWTON state: MA zip: 02461 phone # 617 243 0404

work site location (full address): 182 Washington St. Somerville, MA. 02143.

I am a sole proprietor and have no one working in any capacity. Business Type:  Retail  Restaurant/Bar/Eating Establishment

I am an employer with \_\_\_\_\_ employees (full & part time).  Office  Sales (including Real Estate, Autos etc.)  Other \_\_\_\_\_

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

company name: Chartis Insurance Co.

address: 99 HEGGH ST.

city: BOSTON MA 02110

phone #: 877-867-3783

insurance co. Roblin Insurance

policy # 134169-03

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 Figueroa

Date

4-7-2010

Print name

JAMES FIGUEROA

Phone #

617 243-0404

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

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_

check if immediate response is required

contact person: \_\_\_\_\_

phone #: \_\_\_\_\_

- Building Department
- Licensing Board
- Selectmen's Office
- Health Department
- Other \_\_\_\_\_

(revised Sept. 2003)



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: Halley Enterprises Inc. dba/Valentine Tax and  
OR CHANGE
- Address of taxpayer/applicant's business in Somerville: 182 Washington St.
- Address of taxpayer/applicant's home in Somerville: N/A.
- Taxpayer/applicant's phone: day: 617 243-0404 evening: \_\_\_\_\_

I, Donald R. Smith, CEO, 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 2 day of April, 20 10. [Signature] CEO.  
(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: \_\_\_\_\_

# 20662200      # 119016011      # 3000519      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: CR

ORIGINAL STAMP: **received**  
**[Barrow]**  
4-8-10