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:

JAMES DAVIDIAN — Lic#: F-2012-148
345 THOREAU STREET — B.O.A.#:
CONCORD MA 01742 4444 — Fee: $550.00

Restricted to: 18,600 Gallons Total 19070
Restricted as follows;
AMENDED 01/14/32, 06/09/55 4/25/91 ADD'L 6,000 GALS. GAS.WITH RESTRIC.

16,000 GALS. GASOLINE	180 GALS. MOTOR OIL
600 GALS. LUB OIL	100 GALS. GREASE
220 GALS. KEROSENE	170 GALS. ANTI-FREEZE
120 GALS. ALCOHOL	30 GALS. GREASE
650 GALS. FUEL OIL	30 GA

Is the holder of the license originally granted 01/27/1927
for the lawful use of the building (s) or other structure (s) situated or to be situated at 00231 WASHINGTON 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: UNION GULF SERVICE, LLC TEL: 617-623-9294
Company Address: 00231 WASHINGTON ST
City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: JAMES DAVIDIAN TEL: _____
Owner Address: 345 THOREAU STREET
Owner City: CONCORD State: MA Zip: 01742
FID#: 028167013

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

345 THOREAU ST
Address

CONCORD MA 01742
City State Zip

** Office Use Only **
Mailed _____
Taken ✓

Received: 3/29/12 . MS
$550.00 ck# 1462
City Clerk

IMPORTANT

#38
LIC 845

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: UNION GULF SERVICE LLC
Somerville Address and Zip Code: 231 WASHINGTON ST SOM. MA. 02143
Phone Number of the Business: 617 6239294

The Legal Name of the License Holder: JAMES DAVIDIAN
Street Address of the License Holder: 345 THOREAU ST
City, State and Zip Code of the License Holder: CONCORD MA 01742
Phone Number of the License Holder: 978 371 0968
Email Address of the License Holder: JDAVIDION@MSN.COM

Where We Should Send Mail: Name: JAMES DAVIDIAN
Street Address: 345 THOREAU ST
City, State and Zip Code: CONCORD MA 01742
Email: JDAVIDION@MSN.COM
Phone Number: 978 371 0968

Federal ID # (Do Not Give a Social Security #): 450 54 8309

Emergency Contact and Phone (For Fire Dept. Use): JIM DAVIDION 6179309607

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%:

X Corporation (inc. LLC): Name of President: JAMES DAVIDIAN
Name of Secretary:
Name of Treasurer:

___Other (Attach a Description of the Form of Ownership and the Names of Owners)

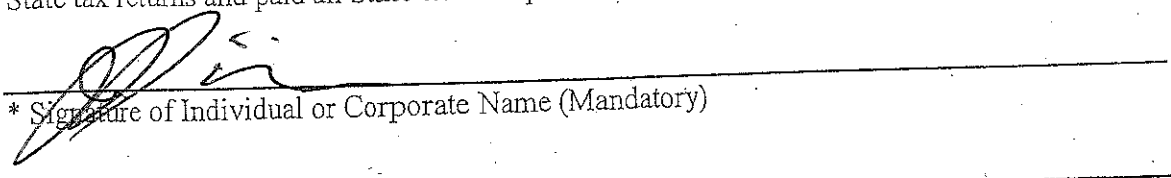
ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:
-All information shown above is true and accurate.
-Any changes above are subject to the approval of the Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: _____ **Date** 8/29/12

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.



* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

450 54 8309

** 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: UNION GULF SERVICE LLC

Address of taxpayer/applicant's business in Somerville: 231 WASHINGTON ST

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 6176239299 evening: 617 9309607

I, (print name) JAMES DAVIDSON, 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 _____ day of

_____, 20____. _____
(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: ___
# 04172070 15486	# 11900701	# 1332	#

NOTES:

CLERK'S INITIALS: UB **ORIGINAL STAMP:** RECEIVED LBauer 3-29-12

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: UNION GULF SERVICE

address: 231 WASHINGTON ST

city SOMERVILLE state: MA zip: 02143 phone # 617 623 9294

work site location (full address):

Business Type: ☒ Retail ☐ Restaurant/Bar/Eating Establishment ☐ Office ☐ Sales (including Real Estate, Autos etc.) ☐ Other

☒ I am a sole proprietor and have no one working in any capacity.

☐ I am an employer with ____ employees (full & part time).

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

company name:

address:

city: **phone #:**

insurance co. **policy #**

☐ 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 3/29/12

Print name JAMES O'BRIEN Phone # 617 623 9294

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)