

have return envelope

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:

MBCR, ROBERT JOHNSON

32 COBBLE HILL ROAD

SOMERVILLE MA 02143 4444

Lic#: F-2010-178

B.O.A.#: 162044

Fee: ~~\$500.00~~ N.C.

Restricted to: 393,510 Gallons Total

Restricted as follows;

350,000 2-175,000 GAL FUEL OIL TANKS

16,000 2-8,000 GAL TANK (LUBE OILT)

8,000 1- GALLON TANK (WASTE OIL)

16,000 2-8,000 GALLON TANK (WASTE ANTI/FREEZE) 1,000 2-500 GALLONS TANKS

125 1-GALLON TANK (DIESEL GENTERATOR)

100 1-GALLON TANK (DIESEL FIRE PUMP)

285 1-GALLON WASTE OIL

#### UNDERGROUND RESTRICTIONS

2,000 1-GALLON TANK

(WASTE OIL)

1,000 2-500 GALLONS TANKS

(WASTE OIL)

#### ABOVE GROUND RESTRICTIONS

Is the holder of the license originally granted 06/24/1997

for the lawful use of the building (s) or other structure (s) situated or to be situated at 00070 R THIRD AV (MUNREG)

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: MASSACHUSETTS BAY COMMUTER RAIL (MBCR) TEL: 617-222-6400

Company Address: 00070 R THIRD AV (MUNREG)

City: SOMERVILLE State: MA Zip: 02143

Check One:

Individual: \_\_\_ Co: \_\_\_ Corp: \_\_\_ Trust: \_\_\_ Agency ☒ Ship \_\_\_ Partner

Owner Name: MBCR, ROBERT JOHNSON

TEL: 617-222-3619

Owner Address: 32 COBBLE HILL ROAD

Owner City: SOMERVILLE

State: MA

Zip: 02143

FID#: 050547924

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 \_\_\_

Signature of Applicant

32 Cobble Hill Road

Address

Somerville

MA

02143

City

State

Zip

\*\* Office Use Only \*\*

Mailed

Taken

Received: 4-28-10 \$ 500

City Clerk

April 26, 2010

Ms. Joanne Deprezio  
Clerks Office  
City of Somerville  
93 Highland Avenue  
Somerville, MA 02143

Re: Flammable Storage License for Massachusetts Bay Commuter Railroad (MBCR)  
70 Rear Third Avenue, Somerville, MA 02143

Dear Ms. Deprezio:

On behalf of the MBCR, enclosed is the signed Renewal Application for Storage of Flammable License, along with the required attachments. As discussed during previous renewals, the \$500 Flammable License fee is not required for state agencies and has therefore been waved.

Please forward the new permit and associated materials to Mary Ann Reilly of the MBCR, a self-addressed envelope is enclosed for your convenience

Please feel free to contact me at 781-213-4910 if you have any questions.

Sincerely,

MALCOLM PIRNIE, INC.



Kevin Lynch, CHMM  
Project Compliance Manager

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.

Massachusetts Bay Commuter Railroad, LLC

\* Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

Federal Identification No. 050547924

\*\* 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**

1. Exact name of taxpayer/applicant's business: Massachusetts Bay Commuter Railroad, LLC
2. Address of taxpayer/applicant's business in Somerville: 32 Cobble Hill Road
3. Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
4. Taxpayer/applicant's phone: day: 617-222-3619 evening: \_\_\_\_\_

I, Robert Johnson, 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 21 day of

April, 20 10.

(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: \_\_\_\_\_  
# 01013148      # 55100100      # \_\_\_\_\_      # \_\_\_\_\_

NOTES:

551001011

CLERK'S INITIALS: UB

ORIGINAL STAMP:

**received**  
**UBarrow**

6-24-10

**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: Massachusetts Bay Commuter Railroad, LLC

Address: 32 Cobble Hill Road

City: Somerville State: MA Zip: 02143 Phone #: 617-222-3619

- ☐ 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 Commuter Railroad

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: See Attached Letter

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:  Date: 4/21/10

Print Name: Robert Jomison

**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 \_\_\_\_\_



April 15, 2010

Mr. John J. Long  
City Clerk of Somerville  
City Hall  
93 Highland Avenue  
Somerville, MA 02143

Dear Mr. Long,

I am writing in response to your request for certain information related to the Massachusetts Bay Commuter Railroad, LLC (MBCR) need to renew a Storage of Flammables License with the City of Somerville. In particular, the City has requested that MBCR complete a "Worker's Compensation Insurance Affidavit".

However, MBCR is legally exempt from providing Worker's Compensation Insurance for our employees. Rather, MBCR is an interstate railroad, and as such, is covered by the Federal Employers Liability Act (FELA).

If you have any questions, please contact me at (617) 222-8434. Thank you.

Sincerely,

Mary Ann Reilly  
Manager of Environmental Compliance  
Massachusetts Bay Commuter Railroad  
32 Cobble Hill Road  
Somerville, MA 02143

617-293-9662

5/11/2010 11