NOTE: COMPLETE FORM AND FOWARD WITH FEE TO CITY CLERK' OFFICE.
DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFTY.

THE COMMONWEALTH OF MASSACHUSETTS

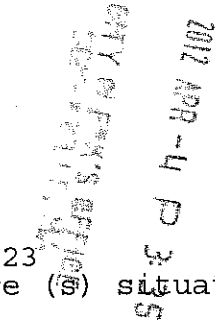
DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION
1010 COMMONWEALTH AVE. BOSTON

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:

THOMAS LYNCH — Lic#: F-2012-075
80 MORRISON AVENUE — B.O.A.#: 174012
SOMERVILLE MA 02144 4444 — Fee: $550.00

Restricted to: 9,800 Gallons Total
Restricted as follows;
AMENDED 03/26/30, 02/11/54 - STORAGE ONLY
7,000 GALS. GASOLINE
1,000 GALS. WASTE OIL
500 GALS. FUEL OIL
300 GALS. ALCOHOL
1,000 GALS. MOTOR OIL
NEW OWNER AS OF 2003



Is the holder of the license originally granted 03/22/1923 for the lawful use of the building (s) or other structure (s) situated or to be situated at 00229 R LOWELL 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: PETE'S BOY'S , INC. TEL: 617-628-1150
Company Address: 00229 R LOWELL ST
City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: THOMAS LYNCH TEL: 617-312-3936
Owner Address: 80 MORRISON AVENUE
Owner City: SOMERVILLE State: MA Zip: 02144
FID#: 300175654

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

229 Lowell St
Address

Som MA 02143
City State Zip

** Office Use Only **
Mailed _____
Taken ✓

Received: 4/4/12 - MS
$550.00 ck # 2297
City Clerk

IMPORTANT

#605
REF 850

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: Pete Bog's Inc

Somerville Address and Zip Code: 229 Lowell St

Phone Number of the Business: 617-628-1100

The Legal Name of the License Holder: Peter Bog's Inc

Street Address of the License Holder: 8 Morrison Ave

City, State and Zip Code of the License Holder: Somerville MA

Phone Number of the License Holder: 617-625-1100

Email Address of the License Holder:

Where We Should Send Mail: Name: Tom Lynch

Street Address: 8 Morrison Ave

City, State and Zip Code: Somerville MA

Email:

Phone Number: 617-628-1100

Federal ID # (Do Not Give a Social Security #): 30-0175054

Emergency Contact and Phone (For Fire Dept. Use): 617-628-1100

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: Tom Lynch

Name of Secretary: Tom Lynch

Name of Treasurer: Tom Lynch

___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** 4-4-2012

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.

Rite Aid Corp. JAC

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

30 - 0175654

** 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: Rotis Bajs Inc

Address of taxpayer/applicant's business in Somerville: 229 Broadway St

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

Taxpayer/applicant's phone: day: 617-628-1100 evening: _____

I, (print name) Tom Lynch, 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 4 day of April, 2012. _____
(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: ___
# 89000209 9/49	# 22855011 22855001	# 761	#

NOTES:

RECEIVED 4-4-12

CLERK'S INITIALS: CA **ORIGINAL STAMP:**

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: Rob's Boys Inc.

address: 229 Lowell ST

city Somerville state: MA zip: 02144 phone # 617-628-4100

work site location (full address):

☐ I am a sole proprietor and have no one working in any capacity. **Business Type:** ☐ Retail ☐ Restaurant/Bar/Eating Establishment ☐ Office ☐ Sales (including Real Estate, Autos etc.)

☐ I am an employer with _____ employees (full & part time). ☐ Other Real Estate only

☐ 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 4/4/2012

Print name Rob Boyle Phone # 617-628-4100

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)