

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:
HENLEY ENTERPRISES, INC. D/B/A VALVOLINE INSTANT OIL Lic#: F-2010-158
54 JACONNET STREET, SUITE 100 B.O.A.#:
NEWTON HIGHLAND MA 02461 4444 Fee: \$500.00

Restricted to: 3,000 Gallons Total
Restricted as follows;
3,000 GALS. LUBRICATING OIL & TRANSMISSION FLUID
5/12/2005 BOA #178762 WITH CONDITIONS: NO MORE THAN 3 VEHICLES MAXIMUM ON PROPERTY.

Is the holder of the license originally granted 01/12/1989 for the lawful use of the building (s) or other structure (s) situated or to be situated at 00182 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: HENLEY ENTERPRISES, INC., D/B/A VALVOLINE TEL: 617-666-9501
Company Address: 00182 WASHINGTON ST

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: HENLEY ENTERPRISES, INC. D/B/A VALVOLINE INST TEL: 617-243-0404
Owner Address: 54 JACONNET STREET, SUITE 100

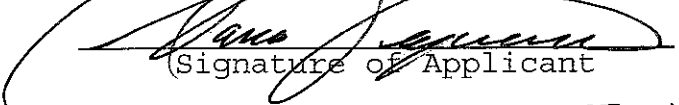
Owner City: NEWTON HIGHLAND State: MA Zip: 02461
FID#: 043036456

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)

54 JACONNET ST. SUITE 100
Address

NEWTON MA 02461
City State Zip

** Office Use Only **
Mailed _____
Taken _____
Received: 4-8-10
CK 11146 \$500-
City Clerk

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.

Henry Enterprise 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
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Henley Enterprises Inc / DBA / VALVOLINE INSTANT OIL CHANGE
 Address: 54 JACONNET ST. SUITE 100
 City: NEWTON State: MA Zip: 02461 Phone #: 617 243 0404

- | | | |
|--|----------------|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: | <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | | <input type="checkbox"/> Nonprofit |
| | | <input type="checkbox"/> Entertainment |
| | | <input type="checkbox"/> Manufacturing |
| | | <input type="checkbox"/> Health Care |
| | | <input type="checkbox"/> Other _____ |

Workers' compensation insurance information (if applicable):

Insurance Company Name: CHARIS INSURANCE CO.
 Address: 99 HUGH ST.
 City: BOSTON State: MA Zip: 02110 Phone #: 877-867-3793
 Policy #: 134169-03 Expiration Date: 05-1-10

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: [Signature] Date: 4-7-2010
 Print Name: JAMES FIGUEROA 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 #: _____

Contact Person: _____ Phone #: _____

<input type="checkbox"/>	Board of Health
<input type="checkbox"/>	Building Department
<input type="checkbox"/>	City/Town Clerk
<input type="checkbox"/>	Licensing Board
<input type="checkbox"/>	Selectmen's Office
<input type="checkbox"/>	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: Henry Enterprises Inc. DBA/VAL VALVE INSTANT 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 C.E.O., 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] (Taxpayer's signature) CEO.

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

- | | | | |
|--------------------------------------|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Water/Sewer | <input type="checkbox"/> Personal Property | <input type="checkbox"/> Other: _____ |
| # <u>20662200</u> | # <u>119016011</u> | # <u>30000579</u> | # _____ |

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP: _____

received
USAWAS
4-8-10