

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:

MIK MEG CORP./MICHAEL MCCOOL
57 WARREN STREET
SOMERVILLE MA 02143 4444

Lic#: F-2011-146
B.O.A.#:
Fee: \$500.00

Restricted to: 18,000 Gallons Total

Restricted as follows;

NOT TO EXCEED 18,000 GALS. PER BOARD OF ALDERMEN

17,742 GALS. GASOLINE 8/10/92 RENEWED BY MICHAEL MCCOOL

100 GALS. RANGE OIL

100 GALS. MOTOR OIL

50 GALS. ALCOHOL

8 GALS. GREASE

Is the holder of the license originally granted 02/23/1933
for the lawful use of the building (s) or other structure situated or
to be situated at 00057 WARREN 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: MIK MEG CORP. TEL: 617-492-9028
Company Address: 00057 WARREN ST

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: MIK MEG CORP./MICHAEL MCCOOL TEL: 617-492-9028
Owner Address: 57 WARREN STREET

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 043462365

This Application must be signed and filed with the required fee no later than
April 30, 2011. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by
04/30/2011 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

57 Warren St

Address

Somerville MA 02143
City State Zip

** Office Use Only **

Mailed

Taken

Received: CR 5621

\$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.

Wick Meg Corp.
* Signature of Individual or Corporate Name (Mandatory)

[Signature]
By: Corporate Officer (Mandatory, if a corporation)

04-3462365
** 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: MP Meg Corp

Address of taxpayer/applicant's business in Somerville: 16 Medford St. Warden St

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

Taxpayer/applicant's phone: day: 617 492 9025 evening: _____

I, (print name) Michael (MC), 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 25 day of March, 20 11.
(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: _____
02048024 # 124001011 # 30050774 # _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

received
11-11



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: Michael McCool Somerville Auto Service
57 Warren St.
address: Somerville, MA 02143
Tel # 617-492-9028
city: state: zip: phone # Tel # 617-492-9028

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 2 employees (full & part time). ☐ Other

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

company name: Travelers
address: 2420 Lakemont Ave Ste 100 St Paul 12th Floor
city: Orlando FL 32814 phone #:
insurance co. Travelers policy # 7PJUB-0230N46-A-11

☐ 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: Michael McCool Date: 3-28-11
Print name: Michael McCool Phone #: 617-492-9028

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)