

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

**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:

JOHN AVIGIAN  
20 THIRD AV  
SOMERVILLE MA 02143 4444

Lic#: F-2012-140  
B.O.A.#: 178741  
Fee: \$550.00

Restricted to: 90,000 Gallons Total  
Restricted as follows;  
STORAGE AND SALE  
90,000 GALS. 190 PROOF ALCOHOL (IN 3 STEEL STORAGE TANKS ABOVEGROUND)  
(30,000 GALS. EACH)  
5/12/2005 NAME CHANGED FROM HARVEY ALLEN TO RICHARD A. SANDLER

Is the holder of the license originally granted 01/22/1981  
for the lawful use of the building (s) or other structure (s) situated or  
to be situated at 00015 R THIRD AV  
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: M. S. WALKER, INC. TEL: 617-776-6700  
Company Address: 00015 R THIRD AV

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: JOHN AVIGIAN TEL: 617-776-6700  
Owner Address: 20 THIRD AV

Owner City: SOMERVILLE State: MA Zip: 02143  
FID#: 041941600

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]  
Signature of Applicant  
MS WALKER INC  
20 Third Av  
Address  
Somerville MA 02143  
City State Zip

Received: 810A 01 JUN 2012  
City Clerk  
CITY CLERK'S OFFICE  
SOMERVILLE, MA  
Mailed \_\_\_\_\_  
Taken \_\_\_\_\_

# IMPORTANT

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: _____
Somerville Address and Zip Code: _____
Phone Number of the Business: _____

The Legal Name of the License Holder: <u>M.S. WALKER, INC.</u>
Street Address of the License Holder: <u>20 THIRD AVE</u>
City, State and Zip Code of the License Holder: <u>SOMERVILLE MA 02143</u>
Phone Number of the License Holder: <u>617-776-6700</u>
Email Address of the License Holder: <u>RSANDLER@MSWALKER.COM</u>

Where We Should Send Mail: Name: <u>RICHARD A SANDLER</u>
Street Address: <u>M.S. WALKER INC</u> <u>20 THIRD AVE</u>
City, State and Zip Code: <u>SOMERVILLE MA 02143</u>
Email: <u>RSANDLER@MSWALKER.COM</u>
Phone Number: <u>617 776 6700</u>

Federal ID # (Do Not Give a Social Security #): <u>04 1941600</u>
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Emergency Contact and Phone (For Fire Dept. Use): <u>JOHN AVIGLIAN 617 610 0699</u>
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Type of Business (Check Only One and Give the Names Indicated):
<input type="checkbox"/> Sole Proprietor: Name of Owner: _____
<input type="checkbox"/> Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
<input type="checkbox"/> Trust: Names of All Trustees Who Own More Than 10%: _____
<input checked="" type="checkbox"/> Corporation (inc. LLC): Name of President: <u>HARVEY ALLEN</u>
Name of Secretary: <u>RICHARD A SANDLER</u>
Name of Treasurer: <u>DOUGLAS SHAW</u>
<input type="checkbox"/> 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.

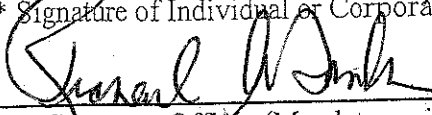
License Holder Signature: [Signature] Date: 4/24/12

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.

M. S. WALKER, INC.  
\* Signature of Individual or Corporate Name (Mandatory)

  
By: Corporate Officer (Mandatory, if a corporation)

04-1941600  
\*\* 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: M.S. WALKER INC

Address of taxpayer/applicant's business in Somerville: 20 Third Ave Somerville MA 02143

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617-776-6700 evening: \_\_\_\_\_

I, (print name) Richard A Sandler, 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 24<sup>TH</sup> day of APRIL, 2012. [Signature]  
(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: \_\_\_\_\_

# 00028909      # 551001041      # 1027      # \_\_\_\_\_  
1226      551001141

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

**RECEIVED**  
AS-10-10



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street, 7<sup>th</sup> Floor  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information

Please PRINT legibly

name: M.S. WALKER INC  
 address: 20 Third Ave  
 city: Somerville state: MA zip: 02143 phone # 617-776 6700

work site location (full address): AS ABOVE

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 350 employees (full & part time).  Other WHOLESALE-DISTRIB / MANUFACTURE

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

company name: MA Employers Insurance Co.  
 address: 54 Third Ave  
 city: Burlington MA 01803 phone #: 781 221 1600  
 insurance co. policy #: UMZ8002391012002

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: [Signature] Date: 5/3/12  
 Print name: RICHARD A SANDLER Phone #: 617-776 6700

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_

check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_

Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other \_\_\_\_\_

(revised Sept. 2003)