

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:

BURTON F. FAULKNER, JR. Lic#: F-2011-059
P.O. BOX 227 25 HIGHLAND AVE. B.O.A.#:
SOMERVILLE MA 02143 4444 Fee: \$500.00

Restricted to: 10,000 Gallons Total
Restricted as follows;
STORAGE ONLY
10,000 GALS. #2 FUEL OIL

2011 JUN 22 12:16
CITY CLERK'S OFFICE
SOMERVILLE MA

Is the holder of the license originally granted 05/25/1978
for the lawful use of the building (s) or other structure situated or
to be situated at 00025 -00027 HIGHLAND 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: BURTON F. FAULKNER TOWER TEL: 617-628-2119
Company Address: 00025 -00027 HIGHLAND AV

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: BURTON F. FAULKNER, JR. TEL: 617-628-2119
Owner Address: P.O. BOX 227 25 HIGHLAND AVE.

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 042608850

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 ___

Bob Faulkner
Signature of Applicant

25 HIGHLAND AVENUE
Address

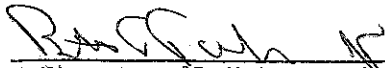
SOMERVILLE MA 02143
City State Zip

** Office Use Only **
Mailed _____
Taken
Received: 6/22/11 - ms
\$ 500.00 ck# 19521
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.



BURTON F. FAULKNER, JR.

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

012-26-1179

04-2608850

** 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: BURTON F. FAULKNER TOWER

Address of taxpayer/applicant's business in Somerville: 25 HIGHLAND AVENUE

Address of taxpayer/applicant's home in Somerville: 54 HIGHLAND AVENUE

Taxpayer/applicant's phone: day: 617 628-2119 evening: _____

I, (print name) BURTON F. FAULKNER, JR., 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 13th day of

June, 2011. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate # 99745170 Water/Sewer # 661043011 Personal Property # _____ Other: # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

Received
6-22-11



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: BURTON F. FAULKNER, JR. - BURTON F. FAULKNER TOWER

address: 25 HIGHLAND AVENUE

city: SOMERVILLE state: MA zip: 02143 phone # 617-628-2119

work site location (full address): 25 HIGHLAND AVE., SOMERVILLE, MA 02143

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 5 employees (full & part time). Other HOUSING FOR ELDERLY

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

company name: BURTON F. FAULKNER TOWER

address: 25 HIGHLAND AVE.

city: SOMERVILLE phone #: 617 628-2119

insurance co. CNA INS. CO. policy # 0374M46A

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 year's 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 JUNE 13, 2011

Print name BURTON F. FAULKNER, JR. Phone # 617 628-2119

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)