

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:

JOHN AVIGIAN, JR./RICHARD A. SANDLER
20 THIRD AV
SOMERVILLE MA 02143 4444
Lic#: F-2011-140
B.O.A.#: 178741
Fee: \$500.00

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 01/22/1988 for the lawful use of the building (s) or other structure 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: X Corp: ___ Trust: ___ Agency ___ Ship ___ Gov't Partner Other

Owner Name: JOHN AVIGIAN, JR./RICHARD A. SANDLER 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, 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]
Signature of Applicant

M.S.WALKER INC 20 THIRD AV
Address

SOMERVILLE MA 02143
City State Zip

** Office Use Only **

Mailed _____
Taken _____

Received: CK 215651

\$500-
City Clerk

CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 SEP 16 10:55 AM

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)

General Walker Corp SECRETARY
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.

JOHNAVIGIAN, JR.
PLANT MANAGER
M. S. WALKER INC.
20 THIRD AVE.
SOMERVILLE, MA 02143
TEL. - (617) 776-6700 - EXT. 361
DIRECT LINE - (617) 440-1961
CELL - (617) 610-0600
FAX - (617) 440-1963



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: 617-776-6700

I, 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 15TH day of SEPTEMBER, 2011. Richard Sandler COMP SECRETARY
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

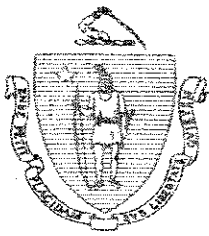
Real Estate
 Water/Sewer
 Personal Property
 Other: _____

00028909 # 551001041 # _____
 # 551001141

NOTES: 00028909 551001041
551001141

CLERK'S INITIALS: _____ ORIGINAL STAMP: _____

received
received
9-16-11



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: M. S. WALKER INC
 address: 20 THIRD AVE
 city: SOMERVILLE state: MA zip: 02143 phone # 617-776-6700

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 100 employees (full & part time). Other

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

company name: M. SWALKER INC
 address: 20 Third Ave
 city: Somerville MA 02143 phone #: 617-776-6700
 insurance co. MA EMPLOYERS INSURANCE COMPANY policy # 2000297012011

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 9/15/11

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 #: _____

(revised Sept. 2003)

Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____