

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:

WINTER HILL YACHT CLUB, INC.
P.O. BOX 8, 130R FOLEY STREET
SOMERVILLE MA 02143 4444

Lic#: F-2012-055
B.O.A.#:
Fee: \$550.00

Restricted to: 7,000 Gallons Total
Restricted as follows;
6,000 GALS. GASOLINE
1,000 HEATING OIL

2012 APR 30 P 1:35
CITY CLERK'S OFFICE
SOMERVILLE, MA

Is the holder of the license originally granted 05/22/1966 for the lawful use of the building (s) or other structure situated or to be situated at 00130 R FOLEY 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: WINTER HILL YACHT CLUB, INC. TEL: 617-623-2244
Company Address: 00130 R FOLEY ST
P.O. BOX 8
City: SOMERVILLE State: MA Zip: 02143
Check One: ☐ Individual ☒ Co: ☐ Corp: ☐ Trust: ☐ Agency ☐ Ship ☐ Other
Gov't Partner
Owner Name: WINTER HILL YACHT CLUB, INC. TEL: 617-623-2244
Owner Address: P.O. BOX 8, 130R FOLEY STREET
Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 237067543

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

Sanjiv Treas ASST. TREAS
Signature of Applicant

130R FOLEY ST
Address

SOMERVILLE, MA 02155
City State Zip

** Office Use Only **

Mailed _____

Taken _____

Received: _____

City Clerk

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: WINTER HILL YACHT CLUB, INC
Somerville Address and Zip Code: 130 R FOLEY ST 02145
Phone Number of the Business: 617-623-2244

The Legal Name of the License Holder: WINTER HILL YACHT CLUB, INC
Street Address of the License Holder: 130 R FOLEY ST
City, State and Zip Code of the License Holder: SOMERVILLE, MA 02145
Phone Number of the License Holder: 617-623-2244
Email Address of the License Holder: _____

Where We Should Send Mail: Name: WINTER HILL YACHT CLUB, INC.
Street Address: P.O. Box 8
City, State and Zip Code: SOMERVILLE, MA 02143
Email: _____
Phone Number: 617-623-2244

Federal ID # (Do Not Give a Social Security #): 23-7067543

Emergency Contact and Phone (For Fire Dept. Use): WILLIAM ROGERS 617-719-2300

Type of Business (Check Only One and Give the Names Indicated):
____ Sole Proprietor: Name of Owner: _____
____ Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
____ Trust: Names of All Trustees Who Own More Than 10%: _____
☒ Corporation (inc. LLC): Name of President: WILLIAM ROGERS
Name of Secretary: CYNTHIA SNOW MURPHY
Name of Treasurer: ROBER K. FOLEY
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] ASST. TREAS Date: 4/30/2012

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.

WINTER HILL YACHT CLUB, INC.

* Signature of Individual or Corporate Name (Mandatory)

Paul J. [Signature] ASST. TREASURER

By: Corporate Officer (Mandatory, if a corporation)

23-7067543

** 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: WINTER HILL YACHT CLUB, INC.

Address of taxpayer/applicant's business in Somerville: 130 R FOLEY ST

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

Taxpayer/applicant's phone: day: 617-623-2244 evening: 617-623-2244

I, (print name) Paul J. FLAHERTY Asst. Treas. 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 30th day of

APRIL, 20 12. Paul J. Flaherty
(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: _____

5625 # 901042001 # _____ # _____

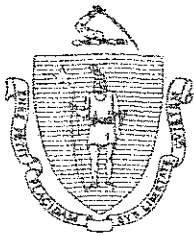
NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:



RECEIVED
UBmay
4-30-12



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: WINTER HILL YACHT CLUB, INC.
address: 130 R FOLEY ST
city: SOMERVILLE state: MA zip: 02175 phone # 617-623-2244

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 _____ employees (full & part time). ☒ Other NON-PROFIT WITH NO EMPLOYEES
☐ I am an employer providing workers' compensation for my employees working on this job.

company name:

address:

city: _____ phone #: _____

insurance co. _____ policy # _____

- ☐ 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 Paul J. Flaherty Date 4/30/2012

Print name PAUL J. FLAHERTY ASST. TREAS. Phone # 617-623-2244

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:
(revised Sept. 2003)

phone #: _____

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