



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW FLAMMABLES LICENSE

BROADWAY BRAKE CORPORATION
PO BOX 45459
SOMERVILLE, MA 02145

License #: **503**
City #F20
Fee: **550.00**
Account ID: **18**
Reference #: **503**

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: BBS SERVICES Business Location: 45 BROADWAY Business Phone: 617-666-1100	
License Holder: BROADWAY BRAKE CORPORATION PO BOX 45459 SOMERVILLE, MA 02145 617-666-1100	
Mailing Address: BROADWAY BRAKE CORPORATION PO BOX 45459 SOMERVILLE, MA 02145	
Business Type: CORPORATION (INC. LLC) SECRETARY - CHARLOTTE D'ANGELO PRESIDENT - PHILIP D'ANGELO TREASURER - PHILIP D'ANGELO	
FID: 042954750	
Food Manager/Emergency Contact: PHILIP D'ANGELO 617-719-8581	

Conditions: *(to change any conditions, submit a new application. Contact the City Clerk's Office for more information)*

Hours: **MO-SU 5 AM - MIDNIGHT**

Description of Location and/or Other Conditions:

Originally Issued 12/18/1946, Gasoline Tanks Removed 1996 Per Owner. 2,000 Gals. Fuel Oil. 200 Gals. Motor Oil. 200 Gals. Anti-Freeze. 200 Gals. Grease.

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 BOARD OF ALDERMEN.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: *Philip D'Angelo* Date: 3/6/14
Print Name: Philip D'Angelo Phone: 617-666-1100



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: BROADWAY BRAKE CORP

Address of taxpayer/applicant's business in Somerville: 45 Broadway

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

Taxpayer/applicant's phone: day: 617-666-1100 evening: 617-719-8581

I, (print name) Philip D'Angelo, 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 6th day of

March, 2014. Philip D'Angelo
(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: _____

1956 # 101004001 # 98 # _____

NOTES:

CLERK'S INITIALS:

ORIGINAL STAMP:

RECEIVED
3/12/14

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit- General Business

Applicant information:

Name: Broadway Brake Corp
Address: 45 Broadway
City: Somerville State: MA Zip: 02145 Phone #: 617-666-1100

- I am an employer with 14 employees (full and/or part time).
 I am a sole proprietor or partnership and have no employees.
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
 We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type: Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Traveler's Indemnity Co. of America
Address: 2420 Lakemont Ave., P.O. Box 3556
City: Orlando State: FL Zip: 32802 Phone #: 800-443-4404
Policy #: 5B975329 UB Expiration Date: 05-09-2014

Applicant certification:

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: *Philip D'Angelo* Date: 3/6/14
Print Name: Philip D'Angelo

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____

Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____