

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:

NORMA J. WATERMAN
50 WALNUT HILL ROAD
AMHERST NH 03031 4444

Lic#: F-2012-050
B.O.A.#: #168049
Fee: \$550.00

Restricted to: 8,250 Gallons Total

Restricted as follows;

STORAGE ONLY SUBJECT TO INSPECTION AND APPROVAL OF FIRE ALARM BY S.F.D.. INCREASE FOR 150 DRUMS OF 55 GALLONS EACH.

HOURS OF OPERATION: NO VEHICLES ARE TO OVERHANG THE SIDE-WALKS OR TO OTHERWISE IMPEDE PEDESTRIAN TRAFFIC IN ANY WAY.
MONDAY-FRIDAY 6:00AM TO 7:00PM
SATURDAY 8:00AM TO 1:00PM
CLOSED ON SUNDAY
BOA #177516A

Is the holder of the license originally granted 06/18/1963 for the lawful use of the building (s) or other structure (s) situated or to be situated at 00009 FLORENCE 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: LUB-O-LINE AND OIL CO. TEL: 617-776-4490
Company Address: 00009 FLORENCE ST

City: SOMERVILLE State: MA Zip: 02145

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

Owner Name: NORMA J. WATERMAN TEL: 1-603-673-6061
Owner Address: 50 WALNUT HILL ROAD

Owner City: AMHERST State: NH Zip: 03031
FID#: 042227408

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 ___

Norma J. Waterman
Signature of Applicant

50 Walnut Hill Road
Address

Amherst nh 03031
City State Zip

** Office Use Only **
Mailed _____
Taken _____
Received: _____
City Clerk

IMPORTANT

#429
REF 849

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: _____
 Street Address of the License Holder: _____
 City, State and Zip Code of the License Holder: _____
 Phone Number of the License Holder: _____
 Email Address of the License Holder: luboline@aol.com

Where We Should Send Mail: Name: _____
 Street Address: _____
 City, State and Zip Code: _____
 Email: _____
 Phone Number: _____

Federal ID # (Do Not Give a Social Security #): _____

Emergency Contact and Phone (For Fire Dept. Use): _____

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: Norma Jeane Waterman
 Name of Secretary: Raymond G. Humes, Jr.
 Name of Treasurer: Norma J, Waterman
 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.

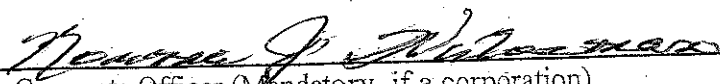
License Holder Signature: Norma J. Waterman Date 4/5/2012

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.

~~Lub-O-Line Industrial Oil Co., Inc.~~
* Signature of Individual or Corporate Name (Mandatory)


By: Corporate Officer (Mandatory, if a corporation)

04 222 7408

** 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: Lub-O-Line Industrial Oil Co., Inc.

9 Florence Street

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

Address of taxpayer/applicant's home in Somerville: 50 Walnut Hill Road Amherst NH

Taxpayer/applicant's phone: day: 617 776 4490 evening: 603 673 6061

I, (print name) Norma J. Waterman, 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 5th day of May, 20 12.

Norma J. Waterman
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

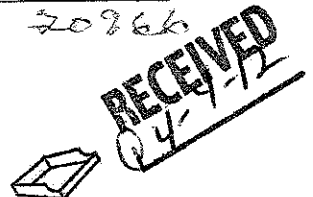
Real Estate Water/Sewer Personal Property Other: _____

5564 # 108070011 # 553 # 20262-20266

NOTES:

CLERK'S INITIALS: NB

ORIGINAL STAMP:





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: Lub-O-Line Industrial Oil Co., Inc.
 address: 9 Florence Street
 city: Somerville state: MA zip: 02145 phone #: 617 776 4490

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 3 employees (full & part time). Other
 I am an employer providing workers' compensation for my employees working on this job.

company name: Lub-O-Line Industrial Oil Co., Inc/
 address: 9 Florence Street
 city: Somerville MA phone #: 617 776 4490
 insurance co. The Ace Group policy # WC 6562UB 4682P29-0-11

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 Norma J. Waterman Date 4/5/12
 Print name Norma J. Waterman Phone # 617 776 4490

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

city or town: _____ permit/license # _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____

check if immediate response is required

contact person: _____ phone #: _____
 (revised Sept. 2003)



**The Commonwealth of Massachusetts
William Francis Galvin**

Minimum Fee: \$100.00

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

[LOGOUT](#)

Annual Report

(General Laws, Chapter 156D, Section 16.22; 950 CMR 113.57)



Help with this form

Federal Employer Identification Number: 042227408 (must be 9 digits)

1. Exact name of the corporation: LUB-O-LINE INDUSTRIAL OIL CO., INC.

2. Jurisdiction of Incorporation: State: MA Country:

3,4. Street address of the corporation registered office in the commonwealth and the name of the registered agent at that office:

Name: RAYMOND G. HUMES JR.
No. and Street: 9 FLORENCE STREET
City or Town: SOMERVILLE State: MA Zip: 02145 Country: USA

5. Street address of the corporation's principal office:

No. and Street: 9 FLORENCE STREET
City or Town: SOMERVILLE State: MA Zip: 02145 Country: USA

6. Provide the name and addresses of the corporation's board of directors and its president, treasurer, secretary, and if different, its chief executive officer and chief financial officer.

Delete	Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
<input type="checkbox"/>	PRESIDENT	NORMA JEANE WATERMAN MS	50 WALNUT HILL ROAD AMHEST, NH 03031 USA
<input type="checkbox"/>	TREASURER	NORMA J. WATERMAN	50 WALNUT HILL RD., AMHERST, NH 03031 USA
<input type="checkbox"/>	SECRETARY	RAYMOND D. HUMES JR.	10 FLORENCE ST., SOMERVILLE, MA 02145 USA
<input type="checkbox"/>	DIRECTOR	NORMA JEANE WATERMAN MS	50 WALNUT HILL ROAD AMHEST, NH 03031 USA

Select From Below Title:

First Name: Middle Name: Last Name: Suffix:
Residential Address: City: State: Zip: Country:

- Same Person as -