

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

HENLEY ENTERPRISES, INC. D/B/A VALVOLINE INSTANT O
54 JACONNET STREET, SUITE 100
NEWTON HIGHLAND MA 02461

LIC #: 2012-157
B.O.A.#

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: Parking or Storing Vehicles: Washing Vehicles: Spray Painting: Operating a Tow Vehicle:

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
This Certificate must be signed and filed with the required fee of \$550.00 not
later than April 30, 2012. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current
records below. Please print or type your information, except for signature.

Company Name: HENLEY ENTERPRISES INC.D/B/A VALVOLINE/OIL TEL: 617-666-9501
Company Address: 00182 WASHINGTON ST

City: SOMERVILLE State: MA Zip: 02143Check One: Individual: Co: Corp: X Trust: Agency Ship Other Owner Name: HENLEY ENTERPRISES, INC. D/B/A VALVOLINE IN TEL: 617-243-0404Owner Address: 54 JACONNET STREET, SUITE 100Owner City: NEWTON HIGHLAND State: MA Zip: 02461FID#: 043036456

This renewal is being sent to you as a courtesy, please file on time. If this
renewal is not returned to City Clerk's office by 04/30/2012, please advise.

***** HOURS OF OPERSTIONS *****

MONDAY-FRIDAY: 08:00 AM-06:00 PM

SATURDAY: 08:00 AM-02:00 PM

SUNDAY: 11:00 AM-04:00 PM

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2012-157

FEE: \$550.00

This is to certify: HENLEY ENTERPRISES, INC. D/B/A VALVOLINE INSTANT O
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 01/12/1989

Garage situated at: 00182 WASHINGTON ST

Doing business as : HENLEY ENTERPRISES INC.D/B/A VALVOLINE/OIL CHANGE

Shall not exceed: 3 Vehicles Inside & 3 Vehicles Outside, not on public ways
in addition the following restrictions apply:

5/12/2005 BOA #178762 Conditions: No more than 3 Vehicles inside and no
more than 3 outside waiting for service.

HOURS CHANGED DOCKET NUMBER 192286 12/8/2011 APPROVED.

CLOSED ON MAJOR HOLIDAYS.

This renewal certificate must be signed by the holder of the license.

Check One: Owner Occupant Holder

Signature of Applicant

54 Jaconnet St Suite 100

Address

Newton MA 02461

City

State

Zip

** Office Use Only **

Mailed Taken Received: 4/20/12 - MS\$550.00ck# 19673

City Clerk

IMPORTANT

MAR 21 2012

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:

Valvoline Instant Oil Change

Somerville Address and Zip Code:

182 Washington St

02143

Phone Number of the Business:

617 666 9501

The Legal Name of the License Holder:

Henley Enterprises, Inc

Street Address of the License Holder:

54 Jacomet St Suite 100

City, State and Zip Code of the License Holder:

Newton MA 02461

Phone Number of the License Holder:

617 243 0404

Email Address of the License Holder:

ktaintor@vioc.net

Where We Should Send Mail: Name:

Same as legal Name above

Street Address:

City, State and Zip Code:

Email:

Phone Number:

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

04-3036456

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

Gary Sawyer 617 680 4350

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: Todd F Nelson

Name of Secretary:

Michael J McLaughlin

Name of Treasurer:

James M McDonald

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:

JM McDonald

Date

4-10-12

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.

Henky Enterprises Inc
* Signature of Individual or Corporate Name (Mandatory)

Jm M Donoh
By: Corporate Officer (Mandatory, if a corporation)

04-3036456
** 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: Henley Enterprises, Inc
Valvoline Instant Oil Change

Address of taxpayer/applicant's business in Somerville: 182 Washington St

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617 243 0404 evening: 617 243 0404

I, (print name) James M McDonald, CFO, 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 10th day of

April, 2012. James M McDonald
(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: _____

15473 # 119016011 # 1326 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



RECEIVED
Barbara
4-20-12



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: Henley Enterprises Inc
address: 54 Jacomet St
city: Newton state: MA zip: 02461 phone # 617 243 0404

work site location (full address): 182 Washington St Somerville

☐ 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 _____

☐ 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

Date

3/10/12

Print name

Phone #

617 243 0404

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 _____

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/10/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER HUB International New England 222 Milliken Blvd Fall River, MA 02722 508 235-2200	CONTACT NAME: Cathi Lawrence PHONE (A/C, No, Ext): 508-235-2207 FAX (A/C, No): 866-569-4091 E-MAIL ADDRESS: catherine.lawrence@hubinternational.com														
INSURED Henley Enterprises Inc. 54 Jaconnet Street Suite 100 Newton Highlands, MA 02461	<table border="1"> <thead> <tr> <th data-bbox="831 455 1430 480">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1434 455 1552 480">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="831 487 1430 512">INSURER A : National Union Fire Ins Co of P</td> <td data-bbox="1434 487 1552 512">19445</td> </tr> <tr> <td data-bbox="831 518 1430 543">INSURER B : Continental Casualty Co</td> <td data-bbox="1434 518 1552 543">20443</td> </tr> <tr> <td data-bbox="831 550 1430 575">INSURER C :</td> <td data-bbox="1434 550 1552 575"></td> </tr> <tr> <td data-bbox="831 581 1430 606">INSURER D :</td> <td data-bbox="1434 581 1552 606"></td> </tr> <tr> <td data-bbox="831 613 1430 638">INSURER E :</td> <td data-bbox="1434 613 1552 638"></td> </tr> <tr> <td data-bbox="831 644 1430 669">INSURER F :</td> <td data-bbox="1434 644 1552 669"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : National Union Fire Ins Co of P	19445	INSURER B : Continental Casualty Co	20443	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			GL1929533	05/01/2011	05/01/2012	EACH OCCURRENCE \$1,000,000
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			GL1929534	05/01/2011	05/01/2012	DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$10,000
	<input checked="" type="checkbox"/>						PERSONAL & ADV INJURY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
							\$
A	AUTOMOBILE LIABILITY			AL0934620	05/01/2011	05/01/2012	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
A	<input checked="" type="checkbox"/> ANY AUTO			AL0934619	05/01/2011	05/01/2012	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> Drive Oth Car						\$
	<input type="checkbox"/> SCHEDULED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			L4030616777	05/01/2011	05/01/2012	EACH OCCURRENCE \$20,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$20,000,000
	<input type="checkbox"/> CLAIMS-MADE						\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y	WC009915158	05/01/2011	05/01/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A	WC009915157	05/01/2011	05/01/2012	E.L. EACH ACCIDENT \$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$500,000
							E.L. DISEASE - POLICY LIMIT \$500,000
A	GarageKeepers			AL0934620	05/01/2011	05/01/2012	\$1,000,000 comp & coll
A	GarageKeepers			AL0934619	05/01/2011	05/01/2012	\$1,000,000 comp & coll
	Deductibles						\$2500 comp / \$500 coll

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional Named Insureds:

Henley Enterprises Inc.
 Henley Enterprises Inc. D/B/A Valvoline Instant Oil Change
 Mid-Atlantic Lubes LLC D/B/A Valvoline Instant Oil Change
 Henley Transmission Services, LLC D/B/A AAMCO Transmissions
 (See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

City of Somerville MA 93 Highland Ave Somerville, MA 02143	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p><i>Michael A. Chapman</i></p>
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