

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:

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

Lic#: F-2011-050
B.O.A.#: #168049
Fee: \$500.00

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-
MONDAY-FRIDAY 6:00AM TO 7:00PM WALKS OR TO OTHERWISE IMPEDE PEDESTRIAN
SATURDAY 8:00AM TO 1:00PM TRAFFIC IN ANY WAY.
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, 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

Norma J. Waterman
Signature of Applicant

50 Walnut Hill Road

Address

Amherst NH 03031

City

State

Zip

** Office Use Only **

Mailed

Taken

Received: 4-6-2011

City Clerk

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

Jack-O-Rice Properties Ltd Corp
* Signature of Individual or Corporate Name (Mandatory)

By: Norma Hylant
Corporate Officer (Mandatory, if a corporation)

** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

**** 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

Address of taxpayer/applicant's business in Somerville: 9 Florence Street

Address of taxpayer/applicant's home in Somerville: clerk- 10 Florence Street

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

I, (print name) Norma 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 6 day of

April 20 11, Norma 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: _____

12390070 # 106070011 # N/A #N/A

NOTES:

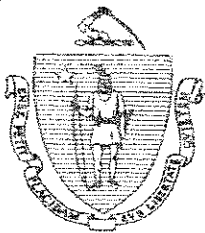
CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



RECEIVED

4-6-11



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: 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 phone #: 617 776 4490

insurance co: Ace Property & Casualty policy #: C46313306

☐ 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 Waterman

Date: 4/6/2004

Print name: Norma 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 #

☐ check if immediate response is required

contact person:

(revised Sept. 2003)

phone #:

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