



**CITY OF SOMERVILLE**  
Commonwealth of Massachusetts  
93 Highland Avenue  
Somerville, MA 02143  
(617) 625-6600

**Application to Renew Flammables License**

**WINTER HILL YACHT CLUB INC.**  
**85 FOLEY STREET**  
**SOMERVILLE MA 02145**

**License #:** BL15-000887  
**File #:** 15-137  
**Fee:** 550

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)
<b>Business/DBA Name:</b> WINTER HILL YACHT CLUB INC. <b>Business Location:</b> 85 FOLEY ST <b>Business Phone:</b> 617-623-2244	
<b>License Holder:</b> WINTER HILL YACHT CLUB INC. 85 FOLEY STREET SOMERVILLE MA 02145	
<b>Mailing Address:</b> WINTER HILL YACHT CLUB INC. 85 FOLEY STREET SOMERVILLE MA 02145	
<b>Business Type:</b> Corporation JOSEPH DUNNE PEDER ACRES CYNTHIA SNOW MURPHY	PHYLLIS GRENIER
<b>FID:</b> 237067543	
<b>Emergency Contact:</b> JOSEPH DUNNE <b>Phone:</b> 617-290-7923	
<b># of Gallons of Flammables to be Stored:</b> 7000 <b>Describe Flammables to be Stored:</b> Not yet provided. <b>Proposed Hours of Operation:</b> Not yet provided.	

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: Joseph F. Dunne Date: 3/25/15

Printed Name: JOSEPH F. DUNNE Phone: 617-290-7923



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: WINTER HILL YACHT CLUB, INC

Address of taxpayer/applicant's business in Somerville: 85 FOLEY ST

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

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

I, (print name) JOSEPH DUNNE, COMMODORE, 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 23<sup>rd</sup> day of MARCH, 2015. Joseph Dunne  
(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: \_\_\_\_\_

# 5786 # 14404801 # 474 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: JR

ORIGINAL STAMP:



3-25-15 OR

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

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:**

Name: WINTER HILL YACHT CLUB

Address: 85 Forey Street

City: SONOMA State: MA Zip: 02149 Phone #: 617 623-2244

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

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: N/A State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**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: Joseph F. Durone Date: 3/23/15

Print Name: JOSEPH F. DURONE

**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 \_\_\_\_\_