

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 1 of the General Laws, the undersigned hereby certifies that:  
MBCR, ROBERT JOHNSON  
32 COBBLE HILL ROAD  
SOMERVILLE MA 02143 4444  
Lic#: 201-178  
B.O.A.#: 204  
Fee: \$550.00

Restricted to: 393,510 Gallons Total  
Restricted as follows;  
350,000 2-175,000 GAL FUEL OIL TANKS UNDERGROUND RESTRICTIONS  
16,000 2-8,000 GAL TANK (LUBE OILT) 2,000 1-GALLON TANK  
8,000 1- GALLON TANK (WASTE OIL) (WASTE OIL)  
16,000 2-8,000 GALLON TANK (WASTE ANTI/FREEZE) 1,000 2-500 GALLONS TANKS  
125 1-GALLON TANK (DIESEL GENTERATOR) (WASTE OIL)  
100 1-GALLON TANK (DIESEL FIRE PUMP)  
285 1-GALLON WASTE OIL

ABOVE GROUND RESTRICTIONS  
Is the holder of the license originally granted 06/24/1997 for the lawful use of the building (s) or other structure (s) situated or to be situated at 00070 R THIRD AV (MUNREG) 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: MASSACHUSETTS BAY COMMUTER RAIL (MBCR) TEL: 617-222-6400  
Company Address: 00070 R THIRD AV (MUNREG)

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: \_\_\_ Co: \_\_\_ Corp: \_\_\_ Trust: \_\_\_ Agency  Ship \_\_\_ Gov't Partner Other

Owner Name: MBCR, ROBERT JOHNSON TEL: 617-222-3619  
Owner Address: 32 COBBLE HILL ROAD

Owner City: SOMERVILLE State: MA Zip: 02143  
FID#: 050547924

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 \_\_\_

*Robert Johnson*  
Signature of Applicant

32 Cobble Hill Road  
Address

Somerville MA 02143  
City State Zip

\*\* Office Use Only \*\*  
Mailed \_\_\_\_\_  
Taken \_\_\_\_\_  
Received: *no fee*  
City Clerk

# IMPORTANT

617 222-8290

~~Maryann 293-9662~~

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: Massachusetts Bay Commuter Railroad, LLC  
Somerville Address and Zip Code: 32 Cobble Hill Road, 02143  
Phone Number of the Business: 617-222-3619

The Legal Name of the License Holder: Massachusetts Bay Commuter Railroad, LLC  
Street Address of the License Holder: 32 Cobble Hill Road  
City, State and Zip Code of the License Holder: Somerville MA 02143  
Phone Number of the License Holder: 617-222-3619  
Email Address of the License Holder: Robert.Johnson@mbcr.net 3613

Where We Should Send Mail: Name: Mary Ann Reilly  
Street Address: 32 Cobble Hill Road  
City, State and Zip Code: Somerville MA 02143  
Email: Maryann.Reilly@mbcr.net  
Phone Number: 617-222-8434

Federal ID # (Do Not Give a Social Security #): 050547924

Emergency Contact and Phone (For Fire Dept. Use): Mary Ann Reilly 617-293-9662

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: James O'Leary  
Name of Secretary: Marie Breen  
Name of Treasurer: Roland Pilod  
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: M. Reilly for R. Johnson Date 4/5/12

April 9, 2012

Ms. Joanne Deprezio  
Clerk's Office  
City of Somerville  
93 Highland Avenue  
Somerville, MA 02143

Re: Flammable Storage License for Massachusetts Bay Commuter Railroad (MBCR)  
70 Rear Third Avenue, Somerville, MA 02143

Dear Ms. Deprezio:

On behalf of the MBCR, enclosed is the signed Renewal Application for Storage of Flammable License, along with the required attachments. As discussed during previous renewals, the Flammable License fee is not required for state agencies and has therefore been waved.

Please forward the new permit and associated materials to:

Ms. Mary Ann Reilly  
Manager of Environmental Compliance  
Massachusetts Bay Commuter Railroad  
32 Cobble Hill Road  
Somerville, MA 02143

Please feel free to contact me at 781-213-4910 if you have any questions.

Sincerely,

ARCADIS U.S. Inc



Kevin Lynch, CHMM  
Project Compliance Manager

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.

W. Kelly for Robert Johnson Massachusetts Bay Commuter Railroad, LLC  
\* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

Federal Identification Number 050547924

\*\* 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.

4-12-12 Called left message  
4-12-12 spoke w/ Mary Ann Riely  
AMTRAK



#2100 -  
False Claims  
Capt. O'Connor  
X 7241

City of Somerville, Massachusetts  
Finance Department, Treasury Division

Called 4-23-12  
to send Bills by  
fax on 4-24-12

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Massachusetts Bay Commuter Railroad, LLC  
Address of taxpayer/applicant's business in Somerville: 32 Cobble Hill Road  
Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_  
Taxpayer/applicant's phone: day: 617-222-3619 evening: \_\_\_\_\_

I, (print name) Robert Johnson, 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 5<sup>th</sup> day of April, 2012. [Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

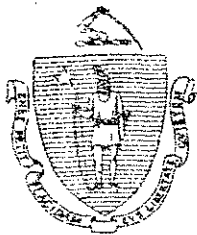
Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_  
# 3604      # 55100101      # \_\_\_\_\_      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: \_\_\_\_\_





The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street, 7<sup>th</sup> Floor  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: Massachusetts Bay Commuter Railroad, LLC

address: 32 Cobble Hill Road

city Somerville state: MA zip: 02143 phone # 617-222-3619

work site location (full address): 70 Rear Third Avenue, Somerville MA 02143

- 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 Commuter Railroad
- I am an employer providing workers' compensation for my employees working on this job.

company name: See Attached Letter

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 Robert Johnson Date 4/5/2012

Print name Robert Johnson Phone # 617-222-3619

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

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_  Building Department

- check if immediate response is required  Licensing Board  Selectmen's Office  Health Department  Other \_\_\_\_\_

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_

(revised Sept. 2003)

# MBCR

Massachusetts Bay  
Commuter Railroad Company

April 15, 2010

Mr. John J. Long  
City Clerk of Somerville  
City Hall  
93 Highland Avenue  
Somerville, MA 02143

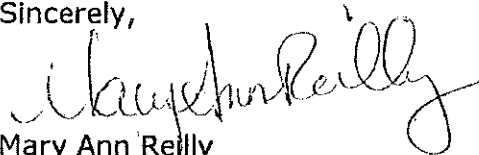
Dear Mr. Long,

I am writing in response to your request for certain information related to the Massachusetts Bay Commuter Railroad, LLC (MBCR) need to renew a Storage of Flammables License with the City of Somerville. In particular, the City has requested that MBCR complete a "Worker's Compensation Insurance Affidavit".

However, MBCR is legally exempt from providing Worker's Compensation Insurance for our employees. Rather, MBCR is an interstate railroad, and as such, is covered by the Federal Employers Liability Act (FELA).

If you have any questions, please contact me at (617) 222-8434. Thank you.

Sincerely,



Mary Ann Reilly  
Manager of Environmental Compliance  
Massachusetts Bay Commuter Railroad  
32 Cobble Hill Road  
Somerville, MA 02143