

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 #: 2011-157
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 \$500.00 not
later than April 30, 2011. 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: 02143

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

Owner Name: HENLEY ENTERPRISES, INC. D/B/A VALVOLINE IN TEL: 617-243-0404

Owner Address: 54 JACONNET STREET, SUITE 100

Owner City: NEWTON HIGHLAND State: MA Zip: 02461
FID#: 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 04/30/2011, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2011-157
FEE: \$500.00

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.

CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 MAY 10 P 1:54

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

Check One: Owner Occupant Holder

[Signature]

Signature of Applicant

54 Jaconnet St Suite 100

Address

Newton MA 02461

City State Zip

** Office Use Only **

Mailed

Taken

Received: 5-10-11 \$500-

CK 15777

City Clerk

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.

Henley Enterprises Inc

* Signature of Individual or Corporate Name (Mandatory)

[Handwritten Signature], CEO

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.



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 Sacomet 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 10 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: [Signature] Executive Assistant Date 5/5/11
 Print name: Kelly Ann Tantor 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 # _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____

check if immediate response is required

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

ACORD™

Client#: 240565

HENLEYENT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/05/2011

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	
	INSURER(S) AFFORDING COVERAGE INSURER A : National Union Fire Ins Co of P	NAIC # 19445
INSURED Henley Enterprises Inc. 51 Jaconnet Street Suite 100 Newton Highlands, MA 02461	INSURER B : Continental Casualty	20443
	INSURER C :	
	INSURER D :	
	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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			GL1929534	05/01/2011	05/01/2012	DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC							
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 ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/> Drive Oth Car			AL0934619	05/01/2011	05/01/2012	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			L4030616777	05/01/2011	05/01/2012	EACH OCCURRENCE \$20,000,000 AGGREGATE \$20,000,000
DED RETENTION \$							
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC009915158	05/01/2011	05/01/2012	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

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

Additional Names Insureds:

Henley Enterprises Inc. D/B/A Valvoline Instant Oil Change
Mid-Atlantic Lubes LLC D/B/A Valvoline Instant Oil Change
Henley Enterprises Inc. 401K Profit Sharing Plan
Donald R. Smith
(See Attached Descriptions)

CERTIFICATE HOLDER

City of Somerville MA
93 Highland Ave
Somerville, MA 02143

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Michael A. Chapman

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DESCRIPTIONS (Continued from Page 1)

Todd F. Nelson

James M. McDonald

Sunshine Lubes LLC D/B/A Valvoline Instant Oil Change

M&S Limited Partnership

Mid-Atlantic Lubes LLC

MS Properties Inc.

Sunshine Lubes LLC

SSL Properties LLC

Henley BlueWater LLC

HBW Properties LLC

Store AB-0001- 182 Washington Street, Sommerville MA 02143



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 d/b/a Valvoline Instn Oil Change

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

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

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

I, (print name) Donald R Smith, CEO, 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 11. [Signature] CEO
(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: _____

20662200 # 119016021 # 30000519 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

received
Karaw

5-10-11