

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:

EASTPORT REAL ESTATE SERVICES/GROVE ST. REALTY
235 BEAR HILL ROAD
WALTHAM MA 02451 4444

Lic#: F-2011-175
B.O.A.#: 161799
Fee: \$500.00

Restricted to: 500 Gallons Total
Restricted as follows;
500 GALLONS GASOLINE

2011 APR 25 A 9:58
CITY CLERK'S OFFICE
SOMERVILLE, MA

Is the holder of the license originally granted 06/26/1997 for the lawful use of the building (s) or other structure (s) situated or to be situated at 00048 GROVE 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: GROVE STREET REALTY TRUST TEL: 781-890-5855
Company Address: 00048 GROVE ST

City: SOMERVILLE State: MA Zip: 00000

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

Owner Name: EASTPORT REAL ESTATE SERVICES/GROVE ST. REA TEL: 781-890-5855
Owner Address: 235 BEAR HILL ROAD

Owner City: WALTHAM State: MA Zip: 02451
FID#: 022968097

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 X Occupant Holder

[Signature] Managing Agent
Signature of Applicant

235 Bear Hill Rd

Address

Waltham MA 02451
City State Zip

** Office Use Only **

Mailed

Taken

Received: 4-22-11 CR 7142

\$500-

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.

Grove Street Realty Trust

* Signature of Individual or Corporate Name (Mandatory)

 Managing Agent

By: Corporate Officer (Mandatory, if a corporation)

04 296 8097

** 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: Grove Street Realty Trust

Address of taxpayer/applicant's business in Somerville: 40/50 Grove St.

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

Taxpayer/applicant's phone: day: 781 890 5855 evening: 781 890 5855

I, (print name) Grove Street Realty Trust, 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 21 day of

April, 2011. [Signature] Managing Agent
(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: _____

02068197 # N/A # _____ # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

RECEIVED
CRANTON
4-21-11



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: George Street Rally Trust

address: clo Eastport Rail Est-h Service 235 Bar Hill Rd

city: Waltham

state: MA

zip: 02451

phone # 781 990 5055

work site location (full address): 451 So Grove St Somerville MA

☒ 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

Michael Jaffe Managing Agent

Date

4/20/2011

Print name

Michael Jaffe

Phone #

781 990 5055

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 _____