

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:

MARTIN HENRY
14 BROADWAY
SOMERVILLE MA 02145 4444
Lic#: F-2010-021
B.O.A.#:
Fee: \$500.00

Restricted to: 6,256 Gallons Total
Restricted as follows;
AMENDED 04/11/35, 12/09/49 ALL TANKS REMOVED 1960
5,000 GALS GASOLINE
50 GALS ALCOHOL
1,000 GALS DIESEL OIL
100 GALS MOTER OIL
100 GALS RANGE OIL

2010 SEP - 1 10 16
CITY CLERK'S OFFICE
SOMERVILLE MA

Is the holder of the license originally granted 00/00/0000
for the lawful use of the building (s) or other structure situated or
to be situated at 00038 -00044 BROADWAY
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: BROADWAY HENRY LLC TEL: 617-666-4805
Company Address: 00038 -00044 BROADWAY

City: SOMERVILLE State: MA Zip: 02145

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

Owner Name: MARTIN HENRY TEL: 617-666-4805
Owner Address: 14 BROADWAY

Owner City: SOMERVILLE State: MA Zip: 02145
FID#: 043513528

This Application must be signed and filed with the required fee no later than
April 30, 2010. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by
04/30/2010 please advise this office at once.

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

Check One: Owner Occupant ___ Holder ___

Martin A Henry
Signature of Applicant
12 Broadway
Address
Somerville MA 02145
City State Zip

** Office Use Only **
Mailed ___
Taken
Received: \$ 500.00 ck# 1441
9/1/10 MS
City Clerk



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: BROADWAY HENRY LLC
- Address of taxpayer/applicant's business in Somerville: 14 BROADWAY
- Address of taxpayer/applicant's home in Somerville: 12 Broadway
- Taxpayer/applicant's phone: day: 617 666 4805 evening: 617 335 1200

I, Martin C Henry, 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 1ST day of September, 2010.
Martin C Henry
(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: _____
 # 08314141 # 161636021 # 00650019 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received
USARAD
9-18-10



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: BROADWAY HENRY LLC

address: 14 BROADWAY

city SOMERVILLE state: MA zip: 02145 phone # 617 666 4805

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 _____ 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 Martin A. Henry Date 8/11/10

Print name MARTIN A. HENRY Phone # 617-666-4805

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)

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.

Martin A Henry for Boardway Henry LLC
* Signature of Individual or Corporate Name (Mandatory)

Martin A Henry
By: Corporate Officer (Mandatory, if a corporation)

04-3513525
** 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.