



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

PAST DUE

APPLICATION TO RENEW FLAMMABLES LICENSE

BROADWAY HENRY LLC
14 BROADWAY
SOMERVILLE, MA 02145

License #: **500**
City #F21
Fee: **550.00**
Account ID: **395**
Reference #: **500**

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)
Business/DBA Name: BROADWAY HENRY LLC Business Location: 38 BROADWAY Business Phone: 617-666-4805	
License Holder: BROADWAY HENRY LLC 14 BROADWAY SOMERVILLE, MA 02145 617-666-4805	2014 JUL 25 A 9:40 CITY CLERK'S OFFICE SOMERVILLE, MA
Mailing Address: BROADWAY HENRY LLC 14 BROADWAY SOMERVILLE, MA 02145	
Business Type: CORPORATION (INC. LLC) MANAGER - MARTIN HENRY	
FID: 043513528	
Food Manager/Emergency Contact: MARTIN HENRY 617-666-4805	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-SU 5 AM - MIDNIGHT**

Description of Location and/or Other Conditions:

Originally Issued 11/8/1934. 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.

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: Martin A. Henry Date: 7/25/14
Print Name: MARTIN A. HENRY Phone: _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

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, (print name) MARTIN A. 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 25th day of JULY, 20 14. Martin A. 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: _____

1967 # 101037001 # 88 # _____

NOTES:

CLERK'S INITIALS: Ⓜ

ORIGINAL STAMP:



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

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: BROADWAY HENRY LLC
Address: 14 BROADWAY
City: SOMERVILLE State: MA Zip: 02145 Phone #: 617 666 4805

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

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
Address: _____
City: _____ 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: Martin A. Henry Date: 7/25/14
Print Name: MARTIN A. HENRY

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 _____