



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

2014 APR 17 A 8:42

APPLICATION TO RENEW FLAMMABLES LICENSE

CITY CLERK'S OFFICE
SOMERVILLE, MA
License #:

PETER A. DUPUIS
P.O. BOX 207
SOMERVILLE, MA 02143

881
City #F164

Fee: 550.00
Account ID: 469
Reference #: 881

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: FAULKNER BROS. INC. Business Location: 13 ALPINE ST Business Phone: 617-625-8255	
License Holder: FAULKNER BROS.INC. 2 ALPINE ST SOMERVILLE, MA 02143 617-625-8255	
Mailing Address: PETER A. DUPUIS P.O. BOX 207 SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - MICHAEL DUPUIS SECRETARY - MICHAEL DUPUIS TREASURER - PETER DUPUIS	
FID: 042305114	
Food Manager/Emergency Contact: PETER DUPUIS	617-625-8255

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 12/10/1992, 18,900 Gal. Fuel Oil Aboveground.

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: *Peter A. Dupuis Jr.* Date 3/3/14
 Print Name: Peter A. Dupuis Jr. Phone 617-625-8255

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: Faulkner Brothers Inc
Address: 2 Alpine St-
City: Somerville State: MA Zip: 02144 Phone #: 617-625-8251
 I am an employer with B employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Federated Mutual Insurance
Address: 1929 South Cedar Avenue
City: Owatonna State: MN Zip: 55060 Phone #: 888-333-4949
Policy #: 9915645 Expiration Date: 11/17/14

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: Peter A. Dupuis Jr. Date: 2/27/14

Print Name: Peter A. Dupuis Jr.

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Faulkner Brothers Inc

Address of taxpayer/applicant's business in Somerville: 2 Alpine St.

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

Taxpayer/applicant's phone: day: 617-625-8255 evening: 617-625-8255

I, (print name) Peter A Dupuis J., 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 27th day of February, 2014. [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: _____

358 # 226023601 # 15 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED
UBarrows
4-14-14