

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:
HENLEY ENTERPRISES, INC. D/B/A VALVOLINE INSTANT OIL Lic#: F-2012-158
54 JACONNET STREET, SUITE 100 B.O.A.#:
NEWTON HIGHLAND MA 02461 4444 Fee: \$550.00

Restricted to: 3,000 Gallons Total
Restricted as follows;
3,000 GALS. LUBRICATING OIL & TRANSMISSION FLUID
5/12/2005 BOA #178762 WITH CONDITIONS: NO MORE THAN 3 VEHICLES MAXIMUM
ON PROPERTY.

Is the holder of the license originally granted 01/12/1989
for the lawful use of the building (s) or other structure (s) situated or
to be situated at 00182 WASHINGTON 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: HENLEY ENTERPRISES, INC., D/B/A VALVOLINE TEL: 617-666-9501
Company Address: 00182 WASHINGTON ST

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: HENLEY ENTERPRISES, INC. D/B/A VALVOLINE INST TEL: 617-243-0404
Owner Address: 54 JACONNET STREET, SUITE 100

Owner City: NEWTON HIGHLAND State: MA Zip: 02461
FID#: 043036456

This Application must be signed and filed with the required fee no later than
April 30, 2012. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by
04/30/2012 please advise this office at once.

This renewal application 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: 4/26/12 -MS

\$550.00 ck# 19673

City Clerk

IMPORTANT

MAR 21 2012

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: Valvoline Instant Oil Change
Somerville Address and Zip Code: 182 Washington St 02143
Phone Number of the Business: 617 666 9501

The Legal Name of the License Holder: Henley Enterprises, Inc
Street Address of the License Holder: 54 Jacomet St Suite 100
City, State and Zip Code of the License Holder: Newton MA 02461
Phone Number of the License Holder: 617 243 0404
Email Address of the License Holder: Ktaintor@vioc.net

Where We Should Send Mail: Name: Same as legal Name above
Street Address: _____
City, State and Zip Code: _____
Email: _____
Phone Number: _____

Federal ID # (Do Not Give a Social Security #): 04-3036456

Emergency Contact and Phone (For Fire Dept. Use): Gary Sawyer 617 650-4350

Type of Business (Check Only One and Give the Names Indicated):
____ Sole Proprietor: Name of Owner: _____
____ Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
____ Trust: Names of All Trustees Who Own More Than 10%: _____
☒ Corporation (inc. LLC): Name of President: Todd F Nelson
Name of Secretary: Michael J McLaughlin
Name of Treasurer: James M McDonald
Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: [Signature] Date 4-10-12

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)

JMM McDonald
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.



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
Valvoline Instant Oil Change

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

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

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

I, (print name) James M McDonald, CFO, 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 10th day of

April, 20 12. J M McDonald
(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: _____

15473 # 11901604 # 1326 # _____

NOTES:

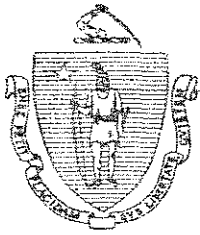
CLERK'S INITIALS: CB

ORIGINAL STAMP:



RECEIVED

Barney
4-20-12



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 Beaconet St

city: Newton state: MA zip: 02461 phone # 617 243 0404

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 Service

☐ 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] Date: 4/10/12

Print name: Kelly Ann Tamber 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

☐ check if immediate response is required ☐ Licensing Board

contact person: _____ phone #: _____ ☐ Selectmen's Office

(revised Sept. 2003)

☐ Health Department
☐ Other _____

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

4/10/2012

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															
INSURED Henley Enterprises Inc. 54 Jaconnet Street Suite 100 Newton Highlands, MA 02461		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : National Union Fire Ins Co of P</td> <td>19445</td> </tr> <tr> <td>INSURER B : Continental Casualty Co</td> <td>20443</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : National Union Fire Ins Co of P	19445	INSURER B : Continental Casualty Co	20443	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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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 SUBR INSR 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		GL1929534	05/01/2011	05/01/2012	DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$10,000
	<input checked="" type="checkbox"/>					PERSONAL & ADV INJURY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$
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		AL0934619	05/01/2011	05/01/2012	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> Drive Oth Car					\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		L4030616777	05/01/2011	05/01/2012	EACH OCCURRENCE \$20,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$20,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y	WC009915158	05/01/2011	05/01/2012	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC009915157	05/01/2011	05/01/2012	E.L. EACH ACCIDENT \$500,000
						E.L. DISEASE - EA EMPLOYEE \$500,000
						E.L. DISEASE - POLICY LIMIT \$500,000
A	GarageKeepers		AL0934620	05/01/2011	05/01/2012	\$1,000,000 comp & coll
A	GarageKeepers		AL0934619	05/01/2011	05/01/2012	\$1,000,000 comp & coll
	Deductibles					\$2500 comp / \$500 coll

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

Additional Named Insureds:

Henley Enterprises Inc.

Henley Enterprises Inc. D/B/A Valvoline Instant Oil Change

Mid-Atlantic Lubes LLC D/B/A Valvoline Instant Oil Change

Henley Transmission Services, LLC D/B/A AAMCO Transmissions

(See Attached Descriptions)

CERTIFICATE HOLDER**CANCELLATION**

City of Somerville MA
 93 Highland Ave
 Somerville, MA 02143

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

