

**CITY OF SOMERVILLE**

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

2015 APR -3 A 11:39

Application to Renew Flammables License**M.S WALKER INC.
20 THIRD AVE
SOMERVILLE MA 02143****CITY CLERK'S OFFICE**
License #: SOME BE15:000946
File #: 15-750
Fee: 550

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: M.S WALKER INC. Business Location: 20 THIRD AVE Business Phone: 617-776-6700 | |
| License Holder: M.S WALKER INC. 20 THIRD AVE SOMERVILLE MA 02143 | |
| Mailing Address: M.S WALKER INC. 20 THIRD AVE SOMERVILLE MA 02143 | |
| Business Type: Corporation HARVEY ALLEN DOUGLAS SHAW RICHARD SANDLER | |
| FID: 041941600 | |
| Emergency Contact: JOHN AVIGIAN Phone: 617-610-0699 | |
| # of Gallons of Flammables to be Stored: 90000 Describe Flammables to be Stored: Not yet provided. Proposed Hours of Operation: Not yet provided. | |

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:  Date: 3/27/15

Printed Name: Richard A Sandler Phone: 617-776-6700



CITY OF SOMERVILLE, MASSACHUSETTS
Treasury Department
JOSEPH A. CURTATONE
MAYOR
CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: _____

BUSINESS LOCATION: 20 Third Ave AND/OR

TAXPAYER'S HOME ADDRESS: _____

TAXPAYER/APPLICANT PHONE: DAY: _____ EVENING: _____

BUSINESS NAME: _____

BUSINESS ID NUMBER: _____ BUSINESS PHONE: _____

I (print name) _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville 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 _____ day of _____

20 _____ (Taxpayer's Signature)

DATE OF ISSUANCE: 4-1-15 CITY'S ACKNOWLEDGEMENT

TAXES AND ACCOUNT NUMBER(S)

**REAL ESTATE ID

**WATER/SEWER ID

**PERSONAL PROPERTY

**OTHER

14995

551001041

NOTES:

CLERKS INITIALS: JK

BUSINESS or BUILDING
PERMIT

ORIGINAL STAMP



4-1-15 JK



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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: M.S. WALKER, INC
Address: 20 Third Ave
City: Somerville State: MA Zip: 02143 Phone #: 617 772 6700
☐ I am an employer with 415 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: Roblin Insurance Agency Inc
Address: 144 GOULD ST
City: NEEDHAM State: MA Zip: 02494 Phone #: 781 455-0700
Policy #: AIM MUTUAL INS CO Expiration Date: 4/1/16
WMZ-800-8006786-2015A

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: _____ Date: _____

Print Name: _____

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