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MAR - 3 2014



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

CITY CLERK'S OFFICE  
SOMERVILLE, MA**APPLICATION TO RENEW FLAMMABLES LICENSE**

Comment \_\_\_\_\_  
 Gl. Acct. \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Approval \_\_\_\_\_  
 License #: 922

City #F158

Fee: 550.00

Account ID: 654

Reference #: 922

**HENLEY ENTERPRISES INC.**  
**54 JACONNET ST. SUITE 100**  
**NEWTON, MA 02461**

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: <b>VALVOLINE INSTANT OIL CHANGE</b> Business Location: <b>182 WASHINGTON ST</b> Business Phone: <b>617-666-9501</b>	
License Holder: <b>HENLEY ENTERPRISES INC.</b> <b>182 WASHINGTON ST</b> <b>SOMERVILLE, MA 02143</b> <b>617-666-9501</b>	
Mailing Address: <b>HENLEY ENTERPRISES INC.</b> <b>54 JACONNET ST. SUITE 100</b> <b>NEWTON, MA 02461</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>TREASURER - JAMES MCDONALD</b> <b>SECRETARY - MICHAEL MCLAUGHLIN</b> <b>PRESIDENT - TODD NELSON</b>	
FID: <b>043036456</b>	
Food Manager/Emergency Contact: <b>GARY SAWYER</b> <b>617-650-4350</b>	<b>BRIAN MELO 617-908-0831</b>

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 1/12/1989, 3,000 Gals. Lubricating Oil & Transmission Fluid. No More Than 3 Vehicles Maximum On Property.**

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: JOSE HERRERA Date: 03/06/14  
 Print Name: JOSE HERRERA Phone: 714-585-6714



**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: HENLEY ENTERPRISES INC  
Address: 54 JACONNET ST, STE 100  
City: NEWTON HIGHLANDS State: MA Zip: 02461 Phone #: 617-243-0404

- ☒ I am an employer with 1000 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 SERVICE

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: LIBERT MUTUAL c/o HUB INTERNATIONAL NEW ENGLAND  
Address: 222 MILLIKEN BLVD  
City: FALL RIVER State: MA Zip: 02722 Phone #: 508-235-2200  
Policy #: WC 2611260965012 Expiration Date: 05/01/14

**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: Jose Herrera Date: 03/06/14  
Print Name: JOSE HERRERA

*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 \_\_\_\_\_



Client#: 240565

HENLEYENT

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/06/2014

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).

<b>PRODUCER</b> <b>HUB International New England</b> <b>222 Milliken Blvd</b> <b>Fall River, MA 02722</b> <b>508 235-2200</b>		<b>CONTACT NAME: Cathi Lawrence</b> <b>PHONE (A/C, No, Ext): 508-235-2207</b> <b>FAX (A/C, No): 866-569-4091</b> <b>E-MAIL: catherine.lawrence@hubinternational.com</b> <b>ADDRESS:</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A : Liberty Mutual Insurance Co</b>	
		<b>INSURER B : St Paul Fire and Marine</b>	
		<b>INSURER C : Ohio Casualty Insurance Company</b>	
		<b>INSURER D :</b>	
		<b>INSURER E :</b>	
		<b>INSURER F :</b>	

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		TB2611260965022	05/01/2013	05/01/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$20,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Drive Oth Car		AS2611260965032	05/01/2013	05/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		ZUP14R3396913NF	05/01/2013	05/01/2014	EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000
C	DED RETENTION \$		ECO1455133423	05/01/2013	05/01/2014	each occ/agg \$10,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC2611260965012	05/01/2013	05/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Garagekeepers		AS2611260965032	05/01/2013	05/01/2014	1,000,000 \$2,500 per Occurrence \$500 ded

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Store AB-0001- 182 Washington Street, Somerville MA 02143.

## 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 
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