

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:
BROADWAY BRAKE CORPORATION Lic#: F-2012-020
P.O. BOX 45459 B.O.A.#:
SOMERVILLE MA 02145 4444 Fee: \$550.00

Restricted to: 8,600 Gallons Total
Restricted as follows;
GASOLINE TANKS REMOVED 1996 PER OWNER
2,000 GALS. FUEL OIL
200 GALS. MOTOR OIL
200 GALS. ANTI-FREEZE
200 GALS. GREASE

Is the holder of the license originally granted 02/18/1946
for the lawful use of the building (s) or other structure (s) situated or
to be situated at 00045 BROADWAY
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: BROADWAY BRAKE CORPORATION TEL: 617-666-1100
Company Address: 00045 BROADWAY
City: SOMERVILLE State: MA Zip: 02145
Check One: Gov't Parter
Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Ship ___ Oth
Owner Name: BROADWAY BRAKE CORPORATION TEL: 617-666-1100
Owner Address: P.O. BOX 45459
Owner City: SOMERVILLE State: MA Zip: 02145
FID#: 042954750

2012 APR 26 P 1:53
CITY CLERK'S OFFICE
SOMERVILLE, MA

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
45 Broadway
Address
Somerville MA 02145
City State Zip

** Office Use Only **
Mailed _____
Taken _____
Received: _____
City Clerk

IMPORTANT

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:	BBS SERVICES
Somerville Address and Zip Code:	45 Broadway - 02145
Phone Number of the Business:	617-666-1100

The Legal Name of the License Holder:	Broadway Brake Corp
Street Address of the License Holder:	45 Broadway
City, State and Zip Code of the License Holder:	Somerville, MA 02145
Phone Number of the License Holder:	617-666-1100
Email Address of the License Holder:	bwaycorp@comcast.net

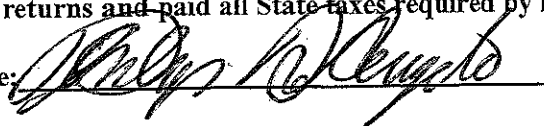
Where We Should Send Mail: Name:	Broadway Brake Corp
Street Address:	P.O.Box 45459 - 45 Broadway
City, State and Zip Code:	Somerville, MA 02145
Email:	bwaycorp@comcast.net
Phone Number:	617-666-1100

Federal ID # (Do Not Give a Social Security #):	04-2954750
---	------------

Emergency Contact and Phone (For Fire Dept. Use):	Philip D'Angelo
---	-----------------

Type of Business (Check Only One and Give the Names Indicated):
<input type="checkbox"/> Sole Proprietor: Name of Owner: _____
<input type="checkbox"/> Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
<input type="checkbox"/> Trust: Names of All Trustees Who Own More Than 10%: _____
<input checked="" type="checkbox"/> Corporation (inc. LLC): Name of President: Philip D'Angelo
Name of Secretary: Charlotte D'Angelo
Name of Treasurer: Philip D'Angelo
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:  Date: 4/26/12

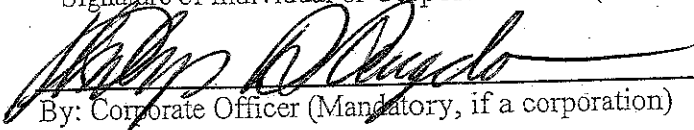
MASSACHUSETTS DEPARTMENT OF REVENUE

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.

Broadway Brake Corp

* Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

04-2954750

** 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: Broadway Brake Corp

Address of taxpayer/applicant's business in Somerville: 45 Broadway

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

Taxpayer/applicant's phone: day: 617-666-1100 evening: _____

I, (print name) Philip D'Angelo, 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 26th day of

April, 20 12 Philip D'Angelo
(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: _____

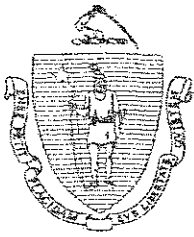
1915 # _____ # 106 # _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

RECEIVED
4-26-12



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: Broadway Brake Corp
 address: 45 Broadway
 city: Somerville state: MA zip: 02145 phone # 617-666-1100

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 13 employees (full & part time). Other _____
 I am an employer providing workers' compensation for my employees working on this job.

company name: Broadway Brake Corp
 address: P.O. Box 45459 - 45 Broadway
 city: Somerville, MA 02145 phone #: 617-666-1100
 insurance co. CHARTIS policy # WC9870804

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 year's 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: *Philip D'Angelo* Date: 7/26/12
 Print name: Philip D'Angelo Phone #: 617-666-1100

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____

check if immediate response is required

contact person: _____ phone #: _____
 (revised Sept. 2003)