



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Flammables License

THOMAS LYNCH
80 MORRISON AVENUE
SOMERVILLE MA 02144

License #: BL15-000850
File #: 15-605
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: THOMAS LYNCH Business Location: 229 R LOWELL ST Business Phone: 617-628-1150	PETE'S BOYS
License Holder: THOMAS LYNCH 80 MORRISON AVENUE SOMERVILLE MA 02144	
Mailing Address: THOMAS LYNCH 80 MORRISON AVENUE SOMERVILLE MA 02144	
Business Type: Corporation TOM LYNCH TOM LYNCH TOM LYNCH	
FID: 300175654	
Emergency Contact: TOM LYNCH Phone: 617-628-1150	
# of Gallons of Flammables to be Stored: 9800 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: 4/15/15

Printed Name: Thomas Lynch Phone: 617-628-1150



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Pete's Boy's

Address of taxpayer/applicant's business in Somerville: 229 Lowell St

Address of taxpayer/applicant's home in Somerville: 309 Lowell St

Taxpayer/applicant's phone: day: 617-628-1150 evening: 617-628-7150

I, (print name) Thomas Lopez, 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 15 day of April, 2015. [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: _____

9378 # 22805100 # 732 # _____

NOTES:

CLERK'S INITIALS: VB

ORIGINAL STAMP:  Urbanaw
4-15-15

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: Pete's Eng's
 Address: 229 Lowell St
 City: Somerville State: MA Zip: 02144 Phone #: 617-628-7120

- | | |
|---|---|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).
<input type="checkbox"/> I am a sole proprietor or partnership and have no employees.
<input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
<input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | Business Type:
<input type="checkbox"/> Retail
<input type="checkbox"/> Restaurant/Bar/Eating Establishment
<input type="checkbox"/> Office and/or Sales (real estate, auto, etc.)
<input type="checkbox"/> Nonprofit
<input type="checkbox"/> Entertainment
<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Health Care
<input type="checkbox"/> Other <u>REAL ESTATE</u> |
|---|---|

Workers' compensation insurance information (if applicable):

Insurance Company Name: N/A
 Address: _____
 City: _____ State: _____ Zip: _____ Phone #: _____
 Policy #: _____ Expiration Date: _____

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: [Signature] Date: 4/15/15
 Print Name: Thomas J. Lopez

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

<input type="checkbox"/>	Board of Health
<input type="checkbox"/>	Building Department
<input type="checkbox"/>	City/Town Clerk
<input type="checkbox"/>	Licensing Board
<input type="checkbox"/>	Selectmen's Office
<input type="checkbox"/>	Other

Contact Person: _____ Phone #: _____