

NOTE: COMPLETE FORM AND FORWARD WITH FEE TO CITY CLERK' OFFICE.
DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFETY.

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:

BRIAN GODFROY
50 WEBSTER AVENUE
SOMERVILLE MA 02143 4444

Lic#: F-2011-154
B.O.A.#:
Fee: \$500.00

Restricted to: 6,630 Gallons Total

Restricted as follows;

AMENDED 02/09/61, 03/23/78 - STORAGE ONLY AMENDED 09/17/99

6,000 GALS. GASOLINE

500 GALS. FUEL OIL

50 GALS. LUB OIL

30 GALS. GREASE

50 GALS. ANTI-FREEZE

restricted to not more than 7,280

Is the holder of the license originally granted 02/20/1951 for the lawful use of the building (s) or other structure (s) situated or to be situated at 00050 WEBSTER AV 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: BEACON SALES COMPANY TEL: 617-666-2800
Company Address: 00050 WEBSTER AV

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: BRIAN GODFROY TEL: _____
Owner Address: 50 WEBSTER AVENUE

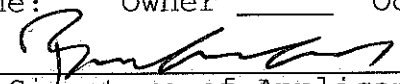
Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 364173366

This Application must be signed and filed with the required fee no later than April 30, 2011. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by 04/30/2011 please advise this office at once.

This renewal application must be signed by the holder of the license.

Check One: Owner ☐ Occupant ☐ Holder ☐


Signature of Applicant

50 Webster Ave.

Address

Somerville, MA 02143

City State Zip

** Office Use Only **

Mailed _____

Taken _____

Received: 4-5-11 CK 8138370

CK 8138370

City Clerk

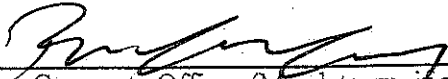
MASSACHUSETTS DEPARTMENT OF REVENUE

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.

Beacon Sales Co.

* Signature of Individual or Corporate Name (Mandatory)

 Brian Godfroy
By: Corporate Officer (Mandatory, if a corporation)

36-4173366

** 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: Beacon Sales Co.

Address of taxpayer/applicant's business in Somerville: 50 Webster Ave

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

Taxpayer/applicant's phone: day: 617-666-2800 evening: Same

I, (print name) Brian Godfroy, 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 31st day of

March, 2011, [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

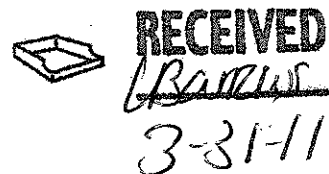
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

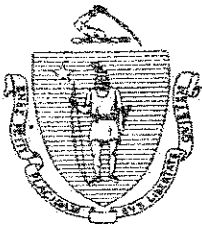
☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

02042040 # 124075001 # 09540014 # _____

NOTES:

CLERK'S INITIALS: [Signature] ORIGINAL STAMP:





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: Beacon Sales Co.

address: 50 Webster Ave.

city: Somerville

state: MA

zip: 02143

phone # 617-666-2800

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 23 employees (full & part time). ☒ Other Wholesaler

☒ I am an employer providing workers' compensation for my employees working on this job.

company name: AIG American Home Assurance

address: P.O. Box 1821

city: Alphareta

phone #: 877-638-4244

insurance co.

policy # WC1549245

☐ 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

Date 3/31/2011

Print name Brian Godfroy

Phone # 617-666-2800

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

city or town: permit/license #

☐ check if immediate response is required

contact person:
(revised Sept. 2003)

phone #:

- ☐ Building Department
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Health Department
- ☐ Other