



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

2015 SEP 31 A 10:56

**Application to Renew Flammables License**

**GROVE STREET REALTY TRUST**  
**318 BEAR HILL RD**  
**WALTHAM MA 02451**

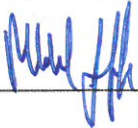
CITY CLERK'S OFFICE  
 SOMERVILLE, MA  
 License #: BL15-000868  
 File #: 15-495  
 Fee: 550

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)
<b>Business/DBA Name:</b> GROVE STREET REALTY TRUST <b>Business Location:</b> 48 GROVE ST <b>Business Phone:</b> 781-890-5855 X123	
<b>License Holder:</b> GROVE STREET REALTY TRUST 318 BEAR HILL RD WALTHAM MA 02451	
<b>Mailing Address:</b> GROVE STREET REALTY TRUST 318 BEAR HILL RD WALTHAM MA 02451	
<b>Business Type:</b> Trust BARRY KOROBKIN WILLIAM KAPLAN	
<b>FID:</b> 042968097	
<b>Emergency Contact:</b> MICHAEL JAFFE <b>Phone:</b> 781-389-4230	
<b># of Gallons of Flammables to be Stored:</b> 500 <b>Describe Flammables to be Stored:</b> Not yet provided. <b>Proposed Hours of Operation:</b> Not yet provided.	<i>Gas in Automobiles            7AM - 7PM (Tenants have 24-HR Access)</i>

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: 7/20/15

Printed Name: Michael Jaffe Phone: 781 890 5855 X123



900.00  
False  
alarm

City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Grove Street Realty Trust

Address of taxpayer/applicant's business in Somerville: 48/50 Grove Street

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 781 890 5055 evening: JANE

I, (print name) Grove Street Realty Trust, 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 20 day of July, 2015. Matt [Signature] as agent for Grove Street Realty Trust  
(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: \_\_\_\_\_

# 6734      # 661083001      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

RECEIVED  
UBarnes  
10-1-18

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: Grove Street Rally Trust c/o Eastport Real Estate Services

Address: 310 Bear Hill Rd

City: Waltham State: MA Zip: 02451 Phone #: 781 990 5855

- I am an employer with \_\_\_\_\_ 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: \_\_\_\_\_

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: Michael Jabbe as agent for Grove St. Rally Trust Date: 7/20/15

Print Name: Michael Jabbe

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 \_\_\_\_\_