



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

APPLICATION TO RENEW FLAMMABLES LICENSE

M.S WALKER INC.
20 THIRD AVE
SOMERVILLE, MA 02143

License #: 946
City #F140
Fee: 550.00
Account ID: 750
Reference #: 946

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: M.S WALKER INC. Business Location: 20 THIRD AVE Business Phone: 617-776-6700	
License Holder: M.S WALKER INC. 20 THIRD AVE SOMERVILLE, MA 02143 617-776-6700	<p style="text-align: center;">2014 APR 11 P 12:20 CITY CLERK'S OFFICE SOMERVILLE, MA</p>
Mailing Address: M.S WALKER INC. 20 THIRD AVE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) TREASURER - DOUGLAS SHAW PRESIDENT - HARVEY ALLEN SECRETARY - RICHARD SANDLER	
FID: 041941600	
Food Manager/Emergency Contact: JOHN AVIGIAN 617-610-0699	

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 1/22/1981, Storage And Sale 90,000 Gals. 190 Proof Alcohol (In 3 Steel Storage Tanks Aboveground--30,000 Gals. Each).

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: 4/9/14
Print Name: RICHARD A SANDLER Phone: 617 776 6700

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: M S. WALKER INC
Address: 20 THIRD AVE
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-776-6700

I am an employer with 400 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 WHOLESALE DISTRIBUTION

Workers' compensation insurance information (if applicable):

Insurance Company Name: AIM MUTUAL INS CO.
Address: 54 THIRD AVE
City: BURLINGTON State: MA Zip: 01803 Phone #: 781 221-1600
Policy #: WMZ-8006786-2014 A Expiration Date: 4/1/2015

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: 3/24/14
Print Name: RICHARD A SANDER

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: M. S. WALKER INC
Address of taxpayer/applicant's business in Somerville: 20 THIRD AVE
Address of taxpayer/applicant's home in Somerville: _____
Taxpayer/applicant's phone: day: 617-776-6700 evening: 617 650 0321

I, (print name) RICHARD A SANDLER 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 19TH day of MARCH, 2014. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 3/19/14 INCLUDES RELEVANT POSTINGS THROUGH: 3/18/14

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

14883 # 551001041 # _____ # _____
551001141

NOTES:

CLERK'S INITIALS: Ris

ORIGINAL STAMP:

