

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:

RAFAEL E. CASTILLO
141 MIDDLESEX AVE.
MEDFORD MA 02155 4444

Lic#: F-2011-090
B.O.A.#: 162043
Fee: \$550-

Restricted to: 20,500 Gallons Total
Restricted as follows;
AMENDED 09/25/75, AMENDED 7/9/97 BOA #162043
20,000 GALS. GASOLINE
500 GALS. OIL

Is the holder of the license originally granted 09/09/1937
for the lawful use of the building (s) or other structure (s) situated or
to be situated at 00343 -00345 MEDFORD ST
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: PCJ AUTO SERVICES, INC. D/B/A GOOD GAS SOME TEL: 617-776-0590
Company Address: 00343 -00345 MEDFORD ST

City: SOMERVILLE State: MA Zip: 02145

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Ship ___ Other ___
Gov't Partner

Owner Name: RAFAEL E. CASTILLO TEL: 617-823-0021
Owner Address: 141 MIDDLESEX AVE.

Owner City: MEDFORD State: MA Zip: 02155
FID#: 261691140

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 X Occupant ___ Holder ___

Rafael E. Castillo
Signature of Applicant
345 MEDFORD ST.
Address
SOMERVILLE MA 02145
City State Zip

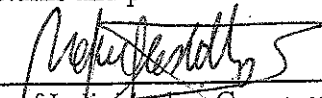
** Office Use Only **
Mailed _____
Taken _____
Received: 1-24-12 \$550-
City Clerk

2011 JAN 24
CITY CLERK'S OFFICE
1010 COMMONWEALTH AVE
BOSTON, MA 02118

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.

✓ 

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

261 691 140

** 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

- 1. Exact name of taxpayer/applicant's business: DCJ AUTOSERVICE INC DBA GOODGAS
- 2. Address of taxpayer/applicant's business in Somerville: 345 WENFORD ST.
- 3. Address of taxpayer/applicant's home in Somerville: _____
- 4. Taxpayer/applicant's phone: day: 617 776 0590 evening: 617 823 0021

I, PAPAEL E CASTILLO, 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 twentyfour day of JANUARY, 20 12. [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: _____

9748 # 208001001 # 863 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



RECEIVED
[Signature]
1-24-12



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: PCS AUTO REPAIR
 address: 345 MEDFORD ST.
 city: SOMERVILLE state: MA zip: 02145 phone # 617 776 0590

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

company name: TRAVELERS O'DONOGHUE INC AGENCY INC
 address: 90 SUMNER ST
 city: ARLINGTON MA phone #: 781-646-9300
 insurance co. TRAVELERSCL policy # 3460R156-UB

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: [Signature] Date: 1/24/12
 Print name: DANIEL CASTRO Phone #: 617 823 0021

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)