

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:

SOUHAIL BARBARA
565 PLEASANT STREET
NORWOOD MA 02062 4444
Lic#: F-2011-018
B.O.A.#: 176129
Fee: \$500.00

Restricted to: 18,150 Gallons Total

Restricted as follows;

AMENDED 08/13/98 STORAGE AND SALE AMENDED ON 5/25/99 B.OA. #165315
16,000 GALS. GASOLINE TO FULL SELF SERVICE PUMPS
780 GALS. MOTOR OIL & GREASE 200 GALS. ANIT-FREEZE
50 GALS. ALCOHOL AMENDED ON 6/27/2002 B.O.A. #171854
500 GALS. WASTE OIL TRANSFER OWNERSHIP FROM:MURAT TIRPAN
500 GALS. FUEL OIL TO: SAMIR A. AYOUB

SEE CONDITIONS ATTACHED

Is the holder of the license originally granted 09/12/1934
for the lawful use of the building (s) or other structure situated or
to be situated at 00166 BOSTON 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: SIMON'S AUTO SERVICE TEL: 617-628-8383

Company Address: 00166 BOSTON AV

City: SOMERVILLE State: MA Zip: 02144

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

Owner Name: SOUHAIL BARBARA TEL: 1-781-888-4203

Owner Address: 565 PLEASANT STREET

Owner City: NORWOOD State: MA Zip: 02062


FID#: 030680042

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

565 PLEASANT ST.
Address

NORWOOD MA 02062
City State Zip

** Office Use Only **

Mailed ___
Taken ✓

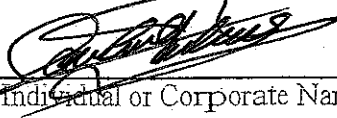
Received: 4/21/11 - MS
\$500.00 ck# 1020
City Clerk

CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 APR 21 10 12 AM '11

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)

** 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: SIMON'S AUTO SERVICE

Address of taxpayer/applicant's business in Somerville: 166 BOSTON AVE

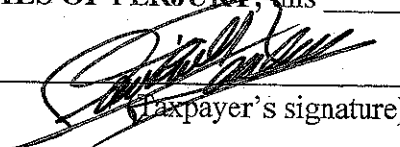
Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-628-8383 evening: _____

I, (print name) SOUHAIL BERBARA, 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 _____ day of

APRIL, 2011.


(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: _____

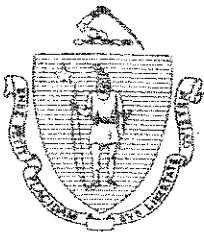
14494103 # _____ # 05810007 # _____

NOTES:

CLERK'S INITIALS: U

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: SIMON'S AUTO SERVICE
 address: 166 BOSTON AVE
 city: SOMERVILLE state: MA zip: 02144 phone # 617-628 8383

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 _____ employees (full & part time). Other

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

company name: SIMON'S AUTO SERVICE
 address: 166 BOSTON AVE
 city: SOMERVILLE, MA 02144 phone #: 617-628 8383
 insurance co. ASS. INDUSTRIES OF MASS MUTUAL INS. policy # AWR 7016220012011

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 penalties of perjury that the information provided above is true and correct.

Signature [Signature] Date 4-10-2011

Print name SOUHAIL BERBARA Phone # 617-628 8383

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

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

contact person: _____ phone #: _____

(revised Sept. 2003)

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
INFORMATION PAGE**

Associated Industries of Massachusetts Mutual Insurance Company

54 Third Avenue, Burlington, Massachusetts 01803
(800) 876-2765

NCCI NO 26158

POLICY NO. AWC 7016220012011
PRIOR NO. AWC 7016220012010

ITEM 1. The insured **Souhail Barbara dba Simon's Auto Service**

Mail Address: **166 Boston Avenue Somerville MA 02144**

Street No. **166** Town or City **Somerville** County **MA** State **MA** Zip Code **02144**

FEIN **03-0680042**

Individual Partnership Corporation Joint Venture Association Other

Other workplaces not shown above:

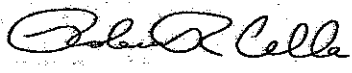
2. The policy period is from 01/06/2011 to 01/06/2012 12:01 a.m. standard time at the insured's mailing address.
3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here; **MA**
- B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A.
- The limits of our liability under Part Two are: Bodily Injury by Accident \$ 100,000 each accident
Bodily Injury by Disease \$ 500,000 policy limit
Bodily Injury by Disease \$ 100,000 each employee
- C. Other States Insurance: Coverage Replaced By Endorsement WC 20 03 06A
- D. This policy includes these endorsements and schedules: **SEE SCHEDULE**
4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating plans. All information required below is subject to verification and change by audit.

Classifications		Premium Basis	Rates	
Code No.		Estimated Total Annual Remuneration	Per \$100 Of Remuneration	Estimated Annual Premium
INTRA	322351	SEE EXTENSION OF INFORMATION PAGE		

Minimum premium \$ **265.00** Total Estimated Annual Premium \$ **265.00**
 As indicated interim adjustments of premium shall be made: Deposit Premium \$ **265.00**

Annually Semi Annually Quarterly Monthly

MA Assessment Chg. **\$86.00 x 6.8000%** **\$0.00**



This policy, including all endorsements, is hereby countersigned by _____ **12/21/2010**
 Authorized Signature Date

GOV STATE	GOV CLASS	KIND AUDIT	PLACING OFFICE	CLAIM OFFICE	NAME CHECK	SAFETY GROUP
MA	8380	2	701			

Nicholas A Consoles Insurance Agency Inc
153 Andover Street Suite 208
Danvers, MA 01923

WC 00 00 01 A (11-88)