



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

2016 APR 11 P 3:07

**Application to Renew Flammables License**

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**120 BEACON ST. LP  
318 BEAR HILL ROAD  
WALTHAM MA 02451**

**License #:** BL15-000956  
**File #:** 15-473  
**Fee:** 605

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> 120 BEACON ST. LP <b>Business Location:</b> 120 BEACON ST <b>Business Phone:</b> 781-890-5855 X123	
<b>License Holder:</b> 120 BEACON ST. LP 318 BEAR HILL ROAD WALTHAM MA 02451	
<b>Mailing Address:</b> 120 BEACON ST. LP 318 BEAR HILL ROAD WALTHAM MA 02451	
<b>Business Type:</b> Partnership / LLP BARRY KOROBKIN WILLIAM KAPLAN	
<b>FID:</b> 043232447	
<b>Emergency Contact:</b> MICHAEL JAFFE <b>Phone:</b> 781-389-4230	
<b># of Gallons of Flammables to be Stored:</b> 20000 <b>Describe Flammables to be Stored:</b> Gasoline stored in parked automobiles. <b>Proposed Hours of Operation:</b> 7AM-7PM (Tenants have 24-hour access).	

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: [Signature] Date: 4/11/2016

Printed Name: Michael Jaffe as agent for Phone: 781-890-5855 x 123  
120 Beacon Street L.P.



**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: 120 Beacon Street L.P.  
Address: 410 Eastport Real Estate 318 Bear Hill Rd  
City: Waltham State: MA Zip: 02451 Phone #: 781-980-5855 x123

☐ I am an employer with \_\_\_\_\_ 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 office building

**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: [Signature] Date: 4/11/2016  
Print Name: Michael Jaffe as agent for 120 Beacon Street L.P.

*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 \_\_\_\_\_