

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. <u>If you have workers compensation insurance, attach proof showing the insurer and policy number.</u> Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANCES: (Note heles) or evaluin on a concrete check)
INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: 120 BEACON ST. LP Business Location: 120 BEACON ST Business Phone: 781-890-5855 X123	
License Holder: 120 BEACON ST. LP 318 BEAR HILL ROAD WALTHAM MA 02451	
Mailing Address: 120 BEACON ST. LP 318 BEAR HILL ROAD WALTHAM MA 02451	
Business Type: Partnership / LLP BARRY KOROBKIN WILLIAM KAPLAN	
FID: 043232447	
Emergency Contact: MICHAEL JAFFE Phone: 781-389-4230	
# of Gallons of Flammables to be Stored: 20000 Describe Flammables to be Stored: Gasoline stored in parked automobiles. Proposed Hours of Operation: 7AM-7PM (Tenants have 24-hour access).	

ı	hereby	certify	under the	e penaltie	es of	perjury	that	the	following	is t	rue:
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- -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.

Printed Name: Muchal Julie 120 Server Street C.P. Phone: 781-890-5855 x 123



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/ap	plicant's business: 12	o Beccon Street LP.	319 Bear HURL		
Address of taxpayer/applic	ant's business in Somer	ville: clo Entpot La Est			
Address of taxpayer/applic	ant's home in Somervill				
Taxpayer/applicant's phone	e: day: 781 840 585	evening: 54M	6		
due the City have been pai and fees and is current on s	id or that the Taxpayer and agreement.	, the undersigned erein is true and correct and a has entered into an agreemen	t to pay all taxes		
SIGNED UNDER THE P	AINS AND PENALTI	ES OF PERJURY, this	· day of		
April	, 20,	ES OF PERJURY, this	Street L.P		
,	CITY'S ACKNOW	LEDGEMENT			
DATE OF ISSUANCE: _	INCLUDE	ES RELEVANT POSTINGS THROUGH:			
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:					
☐ Real Estate	□Water/Sewer	☐ Personal Property	Other:		
# 1112001300	#12806504	\ _#	#		
NOTES:					
CLERK'S INITIALS:	82	ORIGINAL STAMP:	roes.		

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 Beaun Street	LP.	
Address: Clo Eastport Rest	Estak 318 Bear	14.11 22
City: Waltham	State: MV	Zip: 01451 Phone #: 781-890-5855 6
☐ I am an employer with employ (full and/or part time). ☐ I am a sole proprietor or partnership a employees. ☐ We are a corporation that has exercise exemption per c152 s1(4), and have n ☐ We are a nonprofit organization staffe volunteers and have no employees.	and have no ed our right of eo employees. ed by	Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Entertainment Manufacturing Health Carc Other 6 5 13 12 12 12 12 12 12 12 12 12 12 12 12 12
Workers' compensation insurance info	ormation (if applicable):	
Insurance Company Name:		
Address:		
City:	State:	Zip: Phone #:
Policy #:		Expiration Date:
Applicant certification:		No.
to \$1,500.00 and/or one years' imprison \$100.00 a day against me. I understand the for coverage verification.	ment as well as civil penaltie at a copy of this statement ma	can lead to the imposition of criminal penalties of a fine up es in the form of a STOP WORK ORDER and a fine of my be forwarded to the Office of Investigations of the DIA cormation provided above is true and correct.
1 do hereby certify under the pains and po	charties of perjury that the mix	Date: 4111 2-211
Print Name: Mahael Jaffe	Ino Scaron Street	Date: 411 2016
Official use only.	Do not write in this area. To be	completed by city or town official.
City or Town: Peri	mit/License #:Phone #:	Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office Other

(revised Jan. 2008)