



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

**APPLICATION TO RENEW FLAMMABLES LICENSE**

**HERBERT CHAMBERS I-93, INC.  
259 MCGRATH HWY  
SOMERVILLE, MA 02143**

License #: 897

City #F83

Fee: 550.00

Account ID: 610

Reference #: 897

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: <b>MERCEDES BENZ OF BOSTON</b> Business Location: <b>259 MCGRATH HWY</b> Business Phone: <b>617-666-4100</b>	
License Holder: <b>HERBERT CHAMBERS I-93, INC. 259 MCGRATH HWY SOMERVILLE, MA 02143 617-666-4100</b>	
Mailing Address: <b>HERBERT CHAMBERS I-93, INC. 259 MCGRATH HWY SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC) PRESIDENT - HERBERT CHAMBERS TREASURER - HERBERT CHAMBERS SECRETARY - JAMES DUCHESNEAU</b>	
FID: <b>061335996</b>	
Food Manager/Emergency Contact: <b>JEFF DAVIS</b>	

2014 APR - 1 P 2:47  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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 4/9/1959. Storage Only: 4,000 Gals. Gasoline Underground. 50 Gals. Grease Aboveground. 500 Gals. Waste Oil. 50 Gals. Gear Oil. 1,000 Gals. Motor Oil. 275 Gals. Naptha. 200 Gals. Perm. Anti-Freeze.**

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: 3/28/14

Print Name: Herbert Chambers

Phone: 617-666-4100



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Mercedes Benz of Boston  
259 McGrath Highway  
Somerville, Ma 02143

Address of taxpayer/applicant's business in Somerville: \_\_\_\_\_

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617 666 4100 evening: \_\_\_\_\_

I, (print name) Herbert G Chambers, 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 28 day of March, 20 14. [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: \_\_\_\_\_

# 9775 # 145051001 # \_\_\_\_\_ # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: \_\_\_\_\_

ORIGINAL STAMP:



RECEIVED  
4-1-14 JLC



*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: Herb Chambers I-93 Inc  
Address: 259 N. Great Highway  
City: Somerville State: MA Zip: 02143 Phone #: (617) 661-0418

- ☒ I am an employer with 180 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 \_\_\_\_\_

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: U.S.I. New England Travelers, Inc  
Address: PO Box 1450  
City: Middleboro State: MA Zip: 02344 Phone #: 800-327-8339  
Policy #: TC2KU B101D2549.3 Expiration Date: 9/30/14

**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: 3/28/14

Print Name: Herbert C Chambers

*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 \_\_\_\_\_