

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:

MIK MEG CORP./MICHAEL MCCOOL
57 WARREN STREET
SOMERVILLE MA 02143 4444

Lic#: F-2012-146
B.O.A.#:
Fee: \$550.00

Restricted to: 18,000 Gallons Total

Restricted as follows;

NOT TO EXCEED 18,000 GALS. PER BOARD OF ALDERMEN

17,742 GALS. GASOLINE 8/10/92 RENEWED BY MICHAEL MCCOOL
100 GALS. RANGE OIL
100 GALS. MOTOR OIL
50 GALS. ALCOHOL
8 GALS. GREASE

Is the holder of the license originally granted 02/23/1933
for the lawful use of the building (s) or other structure (s) situated or
to be situated at 00057 WARREN 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: MIK MEG CORP. TEL: 617-492-9028
Company Address: 00057 WARREN ST

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: MIK MEG CORP./MICHAEL MCCOOL TEL: 617-492-9028
Owner Address: 57 WARREN STREET

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 043462365

This Application must be signed and filed with the required fee no later than
April 30, 2012. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by
04/30/2012 please advise this office at once.

This renewal application must be signed by the holder of the license.

Check One: Owner ___ Occupant ✓ Holder ___

[Signature]
Signature of Applicant

57 Warren St
Address

Somerville MA 02143
City State Zip

** Office Use Only **

Mailed _____

Taken _____

Received: _____

City Clerk

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business:
Somerville Address and Zip Code:
Phone Number of the Business:

The Legal Name of the License Holder:	<i>Mikmeg Corp.</i>
Street Address of the License Holder:	<i>57 Warren St.</i>
City, State and Zip Code of the License Holder:	<i>Somerville MA 02143</i>
Phone Number of the License Holder:	<i>617 492-9028</i>
Email Address of the License Holder:	

Where We Should Send Mail: Name:	<i>Same</i>
Street Address:	<i>Same</i>
City, State and Zip Code:	
Email:	
Phone Number:	

Federal ID # (Do Not Give a Social Security #):	<i>043462365</i>
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Emergency Contact and Phone (For Fire Dept. Use):	<i>617 492-9028</i>
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Type of Business (Check Only One and Give the Names Indicated):	
<input type="checkbox"/> Sole Proprietor: Name of Owner:	
<input type="checkbox"/> Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:	
<input type="checkbox"/> Trust: Names of All Trustees Who Own More Than 10%:	
<input checked="" type="checkbox"/> Corporation (inc. LLC): Name of President:	<i>Michael McCoil</i>
Name of Secretary:	<i>Same</i>
Name of Treasurer:	<i>Same</i>
Other (Attach a Description of the Form of Ownership and the Names of Owners)	

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: *[Signature]* Date: *3-22-12*



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: HK meg Corp.

Address of taxpayer/applicant's business in Somerville: 16 mapleford st
57 Warren St.

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

Taxpayer/applicant's phone: day: 617-492-9258 evening: _____

I, (print name) Michael McCool, 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 22 day of March, 2012.
(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: _____
9715 # 124001011 # 1296 # _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:



RECEIVED
4-9-12

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.

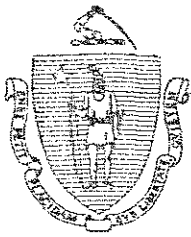
DAVID M. KRES. MIKMEG CORP.
* Signature of Individual or Corporate Name (Mandatory)

DAVID M. KRES.
By: Corporate Officer (Mandatory, if a corporation)

043462365
** 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.



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:

address:

city:

state:

zip:

phone #

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 2 employees (full & part time). ☐ Other

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

company name:

address:

city:

phone #:

insurance co.

policy #

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

Signature

Date

Print name

Phone #

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

contact person:

phone #:

(revised Sept. 2003)

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