

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:

HERB G. CHAMBERS
259 MCGRATH HIGHWAY
SOMERVILLE MA 02143 4444
Lic#: F-2011-083
B.O.A.#:
Fee: \$500.00

Restricted to: 6,075 Gallons Total

Restricted as follows;

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. HYDRAMATIC FLUID "
55 GALS. NAPTCA " 165 GALS. ALCOHOL Removed "
200 GALS. PERM. ANTI-FREEZE

Is the holder of the license originally granted 04/09/1959 for the lawful use of the building (s) or other structure (s) situated or to be situated at 00259 MCGRATH HWY 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: CHAMBERS MOTORCARS TEL: 617-666-4100
Company Address: 00259 MCGRATH HWY

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: HERB G. CHAMBERS TEL: 617-666-4100
Owner Address: 259 MCGRATH HIGHWAY

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 061335996

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 X Occupant ___ Holder ___

Signature of Applicant

Address

City State Zip

** Office Use

Mail

Take

Received:

City Clerk

CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 MAY 19 2:05

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.

Herb Chambers I-93 Inc
* Signature of Individual or Corporate Name (Mandatory)

Bill VICE-PRESIDENT
By: Corporate Officer (Mandatory, if a corporation)

00-1335910
** 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: Herb Chambers I-93 Inc

Address of taxpayer/applicant's business in Somerville: 259 McGrath Highway

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

Taxpayer/applicant's phone: day: 617-666-4110 evening: _____

I, (print name) Herbert 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 14 day of April, 20 11. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

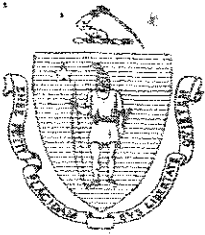
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____
#11358084 #145051001 #36652221 # _____

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP: **received**
UBancors
5-9-11



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: Herb Chambers I-93 Inc
 address: 259 Hancock Highway
 city: Somerville state: MA zip: 02143 phone # 617 666 4180

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 100 employees (full & part time). Other

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

company name: Mercedes-Benz of Boston
 address: 259 Hancock Highway
 city: Somerville phone #: 617 666 4180
 insurance co. Liberty Mutual policy # WR 711-257840-026

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

Signature: Herb Chambers Date: 4/14/11

Print name: Herbert Chambers Phone #: 617 666 4180

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 _____