

2012

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:
EASTPORT REAL ESTATE/120 BEACON ST.LTD.PARTNERSHIP Lic#: F-2012-174
235 BEAR HILL ROAD B.O.A.#:
WALTHAM MA 02451 4444 Fee: \$550.00

Restricted to: 20,000 Gallons Total
Restricted as follows;
2000 GALLON ABOVE GROUND STORAGE

CITY CLERK'S OFFICE
SOMERVILLE, MA
2012 JUN - 8 A 9:11

Is the holder of the license originally granted 04/24/1997 for the lawful use of the building (s) or other structure (s) situated or to be situated at 00120 BEACON 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: 120 BEACON STREET LIMITED PARTNERSHIP TEL: 781-890-5855
Company Address: 00120 BEACON ST

City: SOMERVILLE State: MA Zip: 00000

Check One: Individual: ___ Co: ___ Corp: ___ Trust: ___ Agency ___ Ship X Partner Other

Owner Name: EASTPORT REAL ESTATE/120 BEACON ST.LTD.PART TEL: 781-890-5855
Owner Address: 235 BEAR HILL ROAD

Owner City: WALTHAM State: MA Zip: 02451
FID#: 043232447

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 X Occupant ___ Holder ___

[Signature]
Signature of Applicant

318 Bear Hill Rd
Address

Waltham MA 02451
City State Zip

** Office Use Only **
Mailed _____
Taken _____
Received: 6-8-12 \$550.00
CK 7176
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: 120 Beacon Street Limited Partnership

Somerville Address and Zip Code: 120 Beacon St 02143

Phone Number of the Business: 781 890 5855 x123

The Legal Name of the License Holder: 120 Beacon St Limited Partnership

Street Address of the License Holder: cto Eastport Real Estate 318 Beech Hill Rd

City, State and Zip Code of the License Holder: Waltham MA 02451

Phone Number of the License Holder: 781 890 5855 x123

Email Address of the License Holder: _____

Where We Should Send Mail: Name: _____

Street Address: _____

City, State and Zip Code: _____

Email: m.joffe @ EastportRealEstate.com

Phone Number: 781 890 5855 x123

Federal ID # (Do Not Give a Social Security #): 04 323 2447

Emergency Contact and Phone (For Fire Dept. Use): Michael Joffe 781 389 4230

Type of Business (Check Only One and Give the Names Indicated):

Sole Proprietor: Name of Owner: _____

Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: Bary Korabkin

William Kaplan

Trust: Names of All Trustees Who Own More Than 10%: _____

Corporation (inc. LLC): Name of President: _____

Name of Secretary: _____

Name of Treasurer: _____

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] Managing Agent

Date 5/8/2012

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.

120 Beacon Street LP
* Signature of Individual or Corporate Name (Mandatory)

[Signature] Managing Agent
By: Corporate Officer (Mandatory, if a corporation)

04 323 2447
** 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: 120 Beacon Street LP

Address of taxpayer/applicant's business in Somerville: 120 Beacon Street

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

Taxpayer/applicant's phone: day: 781 890 5855 evening: _____

I, (print name) 120 Beacon Street LP, 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 8 day of

May, 2012. [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: _____
1085 # 128065001 # 38 # _____

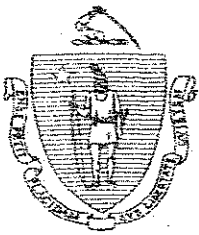
NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



RECEIVED
UBanay
6-7-12



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: 120 Beacon St. LD
 address: Clo Eastport Real Estate Services 318 Bead Mill Rd
 city: Waltham state: MA zip: 02451 phone # 781 890 5855 x123

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 _____ 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 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: Michael Jaffe Date: 5/8/2012
 Print name: Michael Jaffe Managing Agent Phone # 781 890 5855 x123

official use only do not write in this area to be completed by city or town official
 city or town: _____ permit/license # _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____
 check if immediate response is required
 contact person: _____ phone #: _____
 (revised Sept. 2003)