

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 SERVICES/GROVE ST. REALTY Lic#: F-2010-175
235 BEAR HILL ROAD B.O.A.#: 161799
WALTHAM MA 02451 4444 Fee: \$500.00

Restricted to: 500 Gallons Total
Restricted as follows;
500 GALLONS GASOLINE

2010 JUN 16 P 4:28
CITY CLERK'S OFFICE
SOMERVILLE, MA

Is the holder of the license originally granted 06/26/1997
for the lawful use of the building (s) or other structure (s) situated or
to be situated at 00048 GROVE 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: GROVE STREET REALTY TRUST TEL: 781-890-5855
Company Address: 00048 GROVE ST

City: SOMERVILLE State: MA Zip: 00000

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

Owner Name: EASTPORT REAL ESTATE SERVICES/GROVE ST. REA TEL: 781-890-5855
Owner Address: 235 BEAR HILL ROAD

Owner City: WALTHAM State: MA Zip: 02451
FID#: 022968097

This Application must be signed and filed with the required fee no later than
April 30, 2010. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by
04/30/2010 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

235 Bear Hill Rd
Address

Waltham MA 02451
City State Zip

** Office Use Only **
Mailed _____
Taken ✓
Received: 6/16/10 - MS
Q 520 ck# 7038
City Clerk

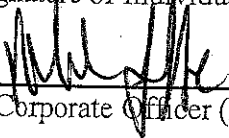
MASSACHUSETTS DEPARTMENT OF REVENUE

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)

 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.

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: 120 Beacon Street LP
Address: elo Eastport Real Estate 235 Beacon Hill Rd
City: Waltham State: MA Zip: 02451 Phone #: 781 890 5855

- I am an employer with 0 employees Business Type: Retail
(full and/or part time). Restaurant/Bar/Eating Establishment
 I am a sole proprietor or partnership and have no Office and/or Sales (real estate, auto, etc.)
employees. Nonprofit
 We are a corporation that has exercised our right of Entertainment
exemption per c152 s1(4), and have no employees. Manufacturing
 We are a nonprofit organization staffed by Health Care
volunteers and have no employees. Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

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: 6/14/2010
Print Name: Michael Jaffe

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____ Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____

Contact Person: _____ Phone #: _____

(revised Jan. 2008)



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

- 1. Exact name of taxpayer/applicant's business: Grove Street Realty Trust
- 2. Address of taxpayer/applicant's business in Somerville: 118 Grove Street
elo Eastport Real Estate
- 3. Address of taxpayer/applicant's home in Somerville: 235 Bee Hill Rd Waltham MA
- 4. Taxpayer/applicant's phone: day: 781 890 5855 evening: Same

I, Grove St Realty Trust, 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 June, 2010. [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: _____

02068195 # 661083001 # _____ # _____

NOTES:

CLERK'S INITIALS: @

ORIGINAL STAMP:

received
6-16-10