

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:

JAMES NAZZARO  
66 BURGET AVENUE  
MEDFORD

MA 02155 4444

Lic#: F-2010-076  
B.O.A.#:  
Fee: \$500.00

Restricted to: 1,000 Gallons Total

Restricted as follows;

AMENDED 05/09/46 - STORAGE ONLY  
1,000 GALS. GASOLINE

Is the holder of the license originally granted 12/14/1944 for the lawful use of the building (s) or other structure (s) situated or to be situated at 00231 LOWELL 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: GENERAL GLASS & MIRROR CORP. TEL: 617-625-4460  
Company Address: 00231 LOWELL ST

City: SOMERVILLE State: MA Zip: 02145

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

Owner Name: JAMES NAZZARO TEL: 617-625-4460  
Owner Address: 66 BURGET AVENUE

Owner City: MEDFORD State: MA Zip: 02155  
FID#: 042815684

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    Occupant    Holder   

James Nazzaro  
Signature of Applicant

66 Burget Ave  
Address

Medford, Ma 02155  
City State Zip

\*\* Office Use Only \*\*

Mailed     
Taken   

Received: 5-12-10 CK 1589

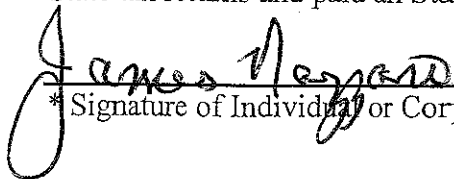
\$500-

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.



\* Signature of Individual or Corporate Name (Mandatory)

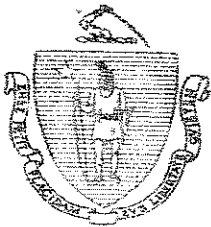
By: Corporate Officer (Mandatory, if a corporation)

019 32 2584

\*\* 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, 7<sup>th</sup> Floor  
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: James Mazzaro  
address: 66 Barget Ave  
city: Medford state: Ma zip: 02155 phone # 781-391-5670

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  
☐ I am an employer with \_\_\_\_\_ employees (full & part time). ☐ Office ☐ Sales (including Real Estate, Autos etc.)  
☒ I am an employer providing workers' compensation for my employees working on this job. ☒ Other Building Owner

company name:

address: 231 Lowell St  
city: Somerville, Ma 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: James Mazzaro Date: \_\_\_\_\_  
Print name: James Mazzaro Phone # 781-391-5670

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



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: James Nazzaro
2. Address of taxpayer/applicant's business in Somerville: 66 Burget Ave Medford, Ma
3. Address of taxpayer/applicant's home in Somerville: 231 Lowell St Somerville
4. Taxpayer/applicant's phone: day: 781-391-5670 evening: \_\_\_\_\_

I, \_\_\_\_\_, 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 7 day of

April, 20 10. James Nazzaro  
(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: \_\_\_\_\_

# 10332025 # 228051029 30000818 # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: U

ORIGINAL STAMP:

**received**  
15-11-10