

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:

JOHN AVIGIAN, JR./RICHARD A. SANDLER

20 THIRD AV

SOMERVILLE

MA 02143 4444

Lic#: F-2010-140

B.O.A.#: 178741

Fee: \$500.00

Restricted to: 90,000 Gallons Total

Restricted as follows;

STORAGE AND SALE

90,000 GALS. 190 PROOF ALCOHOL (IN 3 STEEL STORAGE TANKS ABOVEGROUND)
(30,000 GALS. EACH)

5/12/2005 NAME CHANGED FROM HARVEY ALLEN TO RICHARD A. SANDLER

Is the holder of the license originally granted 01/22/1981 for the lawful use of the building (s) or other structure (s) situated or to be situated at 00015 R THIRD AV 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: M. S. WALKER, INC. HARVEY ALLEN TEL: 617-776-6700
Company Address: 00015 R THIRD AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ☐ Co: ☒ Corp: ☐ Trust: ☐ Agency ☐ Ship ☐ Other ☐ Gov't Partner

Owner Name: JOHN AVIGIAN, JR./RICHARD A. SANDLER TEL: 617-776-6700
Owner Address: 20 THIRD AV

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 041941600

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 ☐

[Signature]
Signature of Applicant

20 THIRD AV

Address

SOMERVILLE MA 02143
City State Zip

** Office Use Only **

Mailed ☐

Taken ☐

Received: CR 202243

\$500

City Clerk

Jo Anne 617-625-6600
2010-04-29

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.

M-S - WALKER, INC
* Signature of Individual or Corporate Name (Mandatory)

James J. Smith SECRETARY
By: Corporate Officer (Mandatory, if a corporation)

04-1941600
** 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: MS WALKER INC
Address: 20 THOMAS AVE
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-776-6700

- ☒ I am an employer with 320 employees (full and/or part time). Business Type: ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: MASSACHUSETTS EMPLOYERS Insurance Company
Address: 11 NORTH AVENUE
City: BURLINGTON State: MA Zip: 01803 Phone #: 800-876-2765
Policy #: MCC 2000297012010 Expiration Date: 4/1/11

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: 4/23/10
Print Name: RICHARD A Sandler

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

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____
☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ 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: M.S. WALKER, INC.
2. Address of taxpayer/applicant's business in Somerville: 20 THIRD AVE
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: 617-776-6700 evening: _____

I, Richard A Sandler, 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 23RD day of APRIL, 2010.
[Signature] (Taxpayer's signature) M.S. WALKER INC SECRETARY

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: _____

06628909 # 551001041 # 30056170 # _____

NOTES:

CLERK'S INITIALS: UPB

ORIGINAL STAMP:

received
Ucaraw

4-26-10