

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:

CHRISTOS PAVLIDIS
1381 CENTRE STREET
WEST ROXBURY MA 02132 4444

Lic#: F-2010-064
B.O.A.#: 188557
Fee: \$500.00

Restricted to: 19,100 Gallons Total
Restricted as follows;
AMENDED 09/32/43, 05/01/52, 10/22/59, 03/28/68, 10/22/70
18,000 GALS. GASOLINE
550 GALS. FUEL OIL
550 GALS. WAST OIL
TRANSFERRED ON DECEMBER 14, 2009

CITY CLERK'S OFFICE
SOMERVILLE, MA
2010 MAY 18 P 3:21

Is the holder of the license originally granted 02/27/1930
for the lawful use of the building (s) or other structure () situated or
to be situated at 00369 -00371 HIGHLAND 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: CHRIS'S AUTO SERVICE TEL: 617-623-5200
Company Address: 00369 -00371 HIGHLAND AV

City: SOMERVILLE State: MA Zip: 02144

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

Owner Name: CHRISTOS PAVLIDIS TEL: 617-327-0417
Owner Address: 1381 CENTRE STREET

Owner City: WEST ROXBURY State: MA Zip: 02132
FID#: 270210382

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 of Applicant

Address

City State Zip

** Office Use Only **

Mailed _____
Taken

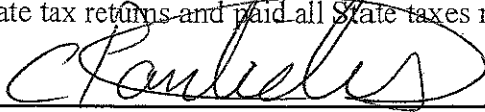
Received: 5/18/10 500.00

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)

** 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: Chris Pavlidis Chris's Auto service
- Address of taxpayer/applicant's business in Somerville: 371 Highland Ave
- Address of taxpayer/applicant's home in Somerville: _____
- Taxpayer/applicant's phone: day: _____ evening: _____

I, Chris Pavlidis, 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 _____ day of

5-18-2010. Chris Pavlidis
(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: _____

19433124 # 316226021 # NO ACC # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

received
5-18-10

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: Chris's Auto Service
 Address: 371 Highland Ave
 City: Somerville State: Ma Zip: 02144 Phone #: 617 623 5200

- I am an employer with 0 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: _____
 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: Chris Pavlidis Date: 5/18/10
 Print Name: Chris Pavlidis

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 _____