

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:

~~CHESTER H. WATERMAN~~/NORMA J. WATERMAN Lic#: F-2010-050  
50 WALNUT HILL ROAD B.O.A.#: #168049  
AMHERST NH 03031 4444 Fee: \$500.00

Restricted to: 8,250 Gallons Total

Restricted as follows;

STORAGE ONLY SUBJECT TO INSPECTION AND APPROVAL OF FIRE ALARM BY S.F.D.. INCREASE FOR 150 DRUMS OF 55 GALLONS EACH.

HOURS OF OPERATION: NO VEHICLES ARE TO OVERHANG THE SIDE-  
MONDAY-FRIDAY 6:00AM TO 7:00PM WALKS OR TO OTHERWISE IMPEDE PEDESTRIAN  
SATURDAY 8:00AM TO 1:00PM TRAFFIC IN ANY WAY.

CLOSED ON SUNDAY

BOA #177516A

Is the holder of the license originally granted 06/18/1963 for the lawful use of the building (s) or other structure (s) situated or to be situated at 00009 FLORENCE 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: LUB-O-LINE AND OIL CO. TEL: 617-776-4490  
Company Address: 00009 FLORENCE ST

City: SOMERVILLE State: MA Zip: 02145

Check One: Individual: \_\_\_ Co: X Corp: \_\_\_ Trust: \_\_\_ Agency \_\_\_ Ship \_\_\_ Gov't Partner Other

Owner Name: CHESTER H. WATERMAN/NORMA J. WATERMAN TEL: 1-603-673-6061  
Owner Address: 50 WALNUT HILL ROAD

Owner City: AMHERST State: NH Zip: 03031  
FID#: 042227408

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 \_\_\_

Norma Waterman  
Signature of Applicant

50 Walnut Hill Rd  
Address

Amherst NH 03031  
City State Zip

\*\* Office Use Only \*\*  
Mailed \_\_\_\_\_  
Taken \_\_\_\_\_  
Received: CR 0012218 125.00  
CR 0012215 375.00  
City Clerk

CERTIFICATION OF VITAL RECORD

State of New Hampshire

CERTIFICATE OF DEATH

FILE # 2009006482

SEX MALE

FULL NAME OF DECEASED CHESTER HARRY WATERMAN  
 DATE OF DEATH AUGUST 23, 2009 AGE 90 YRS  
 DATE OF BIRTH OCTOBER 14, 1918 BIRTHPLACE BOSTON, MASSACHUSETTS  
 MOTHER'S NAME MARY HINES  
 FATHER'S NAME ALBERT L WATERMAN  
 PLACE OF DEATH MANCHESTER, NEW HAMPSHIRE  
 MARITAL STATUS MARRIED  
 SPOUSE NORMA JEANE RUSCH  
 SOCIAL SECURITY NUMBER 011-24-2934  
 RESIDENCE AMHERST, NEW HAMPSHIRE  
 PLACE OF DISPOSITION NH VETERANS CEMETERY, BOSCAWEN, NEW HAMPSHIRE

DATE OF DISPOSITION AUGUST 26, 2009  
 MANNER OF DEATH NATURAL FILE DATE AUGUST 25, 2009  
 CAUSE OF DEATH

- a PROBABLE PNEUMONIA 8/16/2009
- b ACUTE CONGESTIVE HEART FAILURE 08/16/2009
- c SEVERE SEPSIS DUE TO PNEUMONIA 8/16/2009
- d A-FIB UNKNOWN

OTHER SIGNIFICANT CONDITIONS  
 ACUTE RENAL FAILURE 8/16/2009

DESCRIBE HOW INJURY OCCURRED

DATE/TIME OF INJURY  
 PLACE OF INJURY  
 LOCATION OF INJURY  
 NAME AND ADDRESS OF CERTIFIER  
 METAL R DAVE MD, ONE ELLIOT WAY, MANCHESTER, NEW HAMPSHIRE 03103

MARGINAL NOTES

1540052

I HEREBY CERTIFY THIS IS A TRUE COPY ISSUED FROM THE OFFICIAL RECORDS ON FILE AT THIS OFFICE AND SHALL BE RECEIVED AS EVIDENCE WITH THE SAME EFFECT AS THE ORIGINAL

*Margaret A. Farrell*  
 STATE/LOCAL REGISTRAR

*[Signature]*  
 Acting State Registrar

August 25, 2009

STATE/CITY/TOWN OF: MILFORD

DATE ISSUED: August 25, 2009  
 This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.  
 It shall be unlawful for anyone to reproduce this certificate other than local or State Registrar.

VS-SP1

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.

Lub-O-Line Industrial Oil Co., Inc.

\* Signature of Individual or Corporate Name (Mandatory)

*Ronald W. [Signature]*  
By: Corporate Officer (Mandatory, if a corporation)

04 222 7408

\*\* 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: Lub-O-Line Industrial Oil Co, Inc.
- Address of taxpayer/applicant's business in Somerville: 9 Florence Street
- Address of taxpayer/applicant's home in Somerville: 50 Walnut Hill Road Amherst NH 03031
- Taxpayer/applicant's phone: day: 603 673 6061 evening: 617 776 4490

I, Norma Waterman, 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 23<sup>rd</sup> day of

May April, 2010. Norma Waterman  
(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: \_\_\_\_\_
- # 12390070     
 # 108070011     
 # N/A     
 # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: AK

ORIGINAL STAMP:

**received**  
**4-14-10**

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: Lub-O-Line Industrial Oil Co., Inc.  
9 Florence Street

Address:

City: Somerville State: MA Zip: 02145 Phone #: 617 776 4490

- I am an employer with 4 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 Sale of oil & fuel.

Workers' compensation insurance information (if applicable):

Insurance Company Name: American International Ins. Companies

Address: 22427 Network Place

City: Chicago State: IL Zip: 60673 Phone #: 603 424 9901 X228

Policy #: WC7434312 Expiration Date: 6/1/2010

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: Norma Waterman Date: April 13 2010

Print Name: Norma Waterman

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 \_\_\_\_\_