

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:

NORMA WATERMAN

50 WALNUT HILL ROAD

AMHERST MA 03031 4444

Lic#: F-2011-166

B.O.A.#:

Fee: \$500.00

Restricted to: 9,000 Gallons Total

Restricted as follows;

9,000 GALS. ABOVEGROUND FUEL OIL IN 3 TRUCKS-

HOURS OF OPERATION MONDAY - FRIDAY 6:00AM TO 7:00PM

SATURDAY 8:00AM TO 1:00PM CLOSED ON SUNDAY

NO VEHICLES ARE TO OVERHANG THE SIDEWALKS OR TO OTHERWISE IMPEDE

PEDESTRIAN TRAFFIC IN ANY WAY. BOA #177516A

CHANGE PER LT. VINNIE MCLAUGHLIN SAW ONLY 3 TRUCKS ON PROPERTY.

Is the holder of the license originally granted 02/22/1999 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 INDUSTRIAL OIL CO., INC. TEL: 617-776-4490

Company Address: 00009 FLORENCE ST

City: SOMERVILLE State: MA Zip: 02145

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

Owner Name: NORMA WATERMAN

TEL: 1-603-673-6061

Owner Address: 50 WALNUT HILL ROAD

Owner City: AMHERST

State: MA

Zip: 03031

FID#: 042227408

This Application must be signed and filed with the required fee no later than April 30, 2011. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by 04/30/2011 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 Road

Address

Amherst NH 03031

City

State

Zip

** Office Use Only **

Mailed

Taken

500

Received: 4-6-2011

City Clerk

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

* Signature of Individual or Corporate Name (Mandatory)

By: Norma Wetters
Corporate Officer (Mandatory, if a corporation)

** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

**** 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: clerk- 10 Florence Street

Taxpayer/applicant's phone: day: 617 776 4490 evening: 603 673 6061

I, (print name) 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 _____ day of

April, 20 12. 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

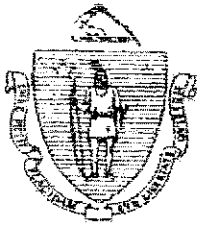
NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



RECEIVED
4-6-12



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street, 7th Floor
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

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

address: 9 Florence Street

city: Somerville state: MA zip: 02145 phone #: 617 776 4490

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 3 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.

company name: Lub-O-Line Industrial Oil Co. Inc./

address: 9 Florence Street

city: Somerville phone #: 617 776 4490

insurance co.: Property & Casualty policy #: C46313306

☐ 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: Norma Waterman Date: 4/6/22

Print name: Norma Waterman Phone #: 617 776 4490

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: (revised Sept. 2003) phone #:

- ☐ Building Department
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Health Department
- ☐ Other