

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:

HERB G. CHAMBERS

259 MCGRATH HIGHWAY

SOMERVILLE MA 02143 4444

Lic# F-2012-083

B.O.A.#:

Fee: \$550.00

Restricted to: 6,075 Gallons Total

Restricted as follows;

STORAGE ONLY

4,000 GALS. GASOLINE UNDERGROUND

50 GALS. GREASE ABOVEGROUND

500 GALS. WASTE OIL "

50 GALS. GEAR OIL "

1,000 GALS. MOTOR OIL "

275 GALS. HYDRAMATIC FLUID "

55 GALS. NAPTCA "

165 GALS. ALCOHOL Removed "

200 GALS. PERM. ANTI-FREEZE

Is the holder of the license originally granted 04/09/1959
for the lawful use of the building (s) or other structure (s) situated or
to be situated at 00259 MCGRATH HWY
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: CHAMBERS MOTORCARS TEL: 617-666-4100
Company Address: 00259 MCGRATH HWY

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: HERB G. CHAMBERS TEL: 617-666-4100
Owner Address: 259 MCGRATH HIGHWAY

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 061335996

This Application must be signed and filed with the required fee no later than
April 30, 2012. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by
04/30/2012 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

259 McGRATH Highway

Address

Somerville MA 02143
City State Zip

** Office Use Only **

Mailed ___

Taken ___

Received: ___

City Clerk

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: Mercedes Benz of Boston
Somerville Address and Zip Code: 259 McGrath Highway 02143
Phone Number of the Business: 617 666 4100

The Legal Name of the License Holder: Herb Chambers I-93 Inc.
Street Address of the License Holder: 259 McGrath Highway
City, State and Zip Code of the License Holder: Somerville MA 02143
Phone Number of the License Holder: 617 666 4100
Email Address of the License Holder: TLIEU@HERBCHAMBERS.COM

Where We Should Send Mail: Name: Mercedes Benz of Boston
Street Address: 259 McGrath Highway
City, State and Zip Code: Somerville MA 02143
Email: TLIEU@HERBCHAMBERS.COM
Phone Number: 617 666 4100

Federal ID # (Do Not Give a Social Security #): 016-1335994

Emergency Contact and Phone (For Fire Dept. Use): JEFF DAVIS 617.666.4100

Type of Business (Check Only One and Give the Names Indicated):

☐ Sole Proprietor: Name of Owner: _____

☐ Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

☐ Trust: Names of All Trustees Who Own More Than 10%: _____

☒ Corporation (inc. LLC): Name of President: Herbert G Chambers

Name of Secretary: JAMES A. DUCHESNEAU

Name of Treasurer: HERBERT G. CHAMBERS

☐ Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: [Signature] Date 4-3-12

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.

Merb Chambers I-93, Inc.

* Signature of Individual or Corporate Name (Mandatory)

James L. Muchneau, VICE PRESIDENT

By: Corporate Officer (Mandatory, if a corporation)

06 1335996

** 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.



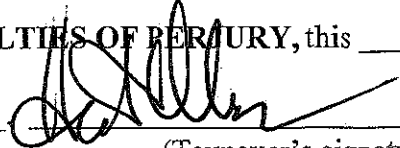
City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Mercedes Rent of Boston
Address of taxpayer/applicant's business in Somerville: 259 McGrath Highway
Address of taxpayer/applicant's home in Somerville: _____
Taxpayer/applicant's phone: day: 617 666 4400 evening: _____

I, (print name) Herbert G. Chambers, 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 3rd day of April, 20 12 
(Taxpayer's signature)

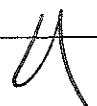
CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate # <u>11358084</u> <u>9607</u>	<input type="checkbox"/> Water/Sewer # <u>145051001</u> <u>145052001</u> <u>145081001</u>	<input type="checkbox"/> Personal Property # <u>815</u>	<input type="checkbox"/> Other: _____ # _____
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NOTES:

CLERK'S INITIALS: 

ORIGINAL STAMP:



RECEIVED
11-4-11-12



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: Mercedes Benz of Boston

address: 259 McGrath Highway

city: Somerville

state: MA

zip: 02145

phone #: 617 666 4100

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

☐ Office

☐ Sales (including Real Estate, Autos etc.)

☒ I am an employer with 100 employees (full & part time).

☐ Other

☐ I am an employer providing workers' compensation for my employees working on this job.

company name: Mercedes Benz of Boston

address: 259 McGrath Highway

city: Somerville

phone #: 617 666 4100

insurance co. Liberty Mutual

policy #: WC7-111-257840-026

☐ 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

Date 4.3.12

Print name

Herbert G. Chambers

Phone # 617. 666. 4100

official use only do not write in this area to be completed by city or town official

city or town:

permit/license #

☐ Building Department

☐ Licensing Board

☐ Selectmen's Office

☐ Health Department

☐ Other

☐ check if immediate response is required

contact person:

phone #:

(revised Sept. 2003)