

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:
EDMILSON ALVES VALENTINO
590 LINCOLN AVENUE
SAUGUS MA 01906 4444
Lic# F-2011-123
B.O.A.# 188019
Fee: \$550-

Restricted to: 7,420 Gallons Total
Restricted as follows;
AMENDED 05/14/26, 07/21/55, 06/13/74 - STORAGE AND SALE
5,000 GALS. GASOLINE UNDERGROUND TANKS REMOVED ON
60 GALS. DENATURED ALCOHOL 9/9/91 PER FIRE PREVENTION
300 GALS. MOTOR OIL DICK PETERS
60 GALS. KEROSENE
2,000 GALS. MOTOR OIL, GREASE, GEAR OI

Is the holder of the license originally granted 04/11/1929
for the lawful use of the building (s) or other structure (s) situated or
to be situated at 00483 SOMERVILLE 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: BBC AUTO REPAIR TEL: 617-629-0058
Company Address: 00483 SOMERVILLE AV

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: EDMILSON ALVES VALENTINO TEL: 1-781-953-0302
Owner Address: 590 LINCOLN AVENUE


Owner City: SAUGUS State: MA Zip: 01906
FID#: 264737682

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

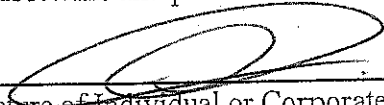

Signature of Applicant
483 Somerville Ave
Address
Somerville MA 02143
City State Zip

** Office Use Only **
Mailed _____
Taken _____
Received: CK 2812
\$550-
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)

264-737-682

** 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.



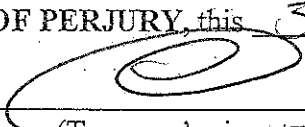
City of Somerville, Massachusetts
Finance Department, Treasury Division

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

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: Edmilson Valentino
2. Address of taxpayer/applicant's business in Somerville: 483 Somerville Ave
3. Address of taxpayer/applicant's home in Somerville: 25 Cypress St #1, Somerville
4. Taxpayer/applicant's phone: day: 617-629-0058 evening: 781-953-0302

I, Edmilson Valentino, 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 January day of 18, 2012.

(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: _____

13650 # 249029001 # 1157 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED
Barney
1-18-12



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: Edmilson Valentino

address: 25 Cypress St #1

city: Somerville state: MA zip: 02143 phone #: 781-953-0302

work site location (full address): 483 Somerville Ave, Somerville 02143

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 1 employees (full & part time). Other

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

company name: BBC Auto Repair

address: 483 Somerville Ave

city: Somerville phone #: 617-629-0058

insurance co. Liberty mutual policy #: WC2-315-375916-021

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 year's 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: 01-18-12

Print name: Edmilson Valentino Phone #: 781-959-0302

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)