

21521
550CH-0201562808
\$550

**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW EXTENDED OPERATING HOURS LICENSE

HESS #21521
ATTN: J. FLAHERTY
1 HESS PLAZA
WOODBIDGE, NJ 07095

License #: **854**

Fee: **550.00**

Account ID: **411**

Reference #: **854**

7054

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: For HESS #21521 Business Location: 709 MCGRATH HWY Business Phone: 617-628-3871	
License Holder: HESS #21521 709 MCGRATH HWY SOMERVILLE, MA 02145 617-628-3871	
Mailing Address: HESS #21521 1 HESS PLAZA WOODBIDGE, NJ 07095	
Business Type: CORPORATION (INC. LLC) SECRETARY - G C BARRY TREASURER - L HORNSTEIN	
FID: 134921002	
Food Manager/Emergency Contact: WILLIAM MALDONADO 617-628-6299	

2013 MAR 27 PM 1:56
CITY CLERK'S OFFICE
SOMERVILLE, MA

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **SUN-SAT 24 HOURS**

Description of Location and/or Other Conditions:

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 BOARD OF ALDERMEN.

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

Signature:  **JANICE FLAHERTY** Date 3/13/13

Print Name: **LICENSE COORDINATOR**

732 750 6350



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Please Print Legibly

Applicant Information

Business/Organization Name: Hess 21521

Address: 709 McGrath Hwy

City/State/Zip: Somerville MA 02145 Phone #: 617-628-3871

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 5-10 employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☒ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Liberty Mutual

Insurer's Address: PO Box 3634

City/State/Zip: Bala Cynwyd PA 19004

Policy # or Self-ins. Lic. # WA7-620-004329-022 Expiration Date: 9/1/13

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____

Date: 3/8/13

Phone #: 732-750-6350

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____

Phone #: _____

Date: 9/4/12

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

PRODUCER WILLIS OF NEW YORK, INC. ONE WORLD FINANCIAL CENTER 200 LIBERTY STREET, 6 TH FLOOR NEW YORK, NY 10281	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	COMPANIES AFFORDING COVERAGE	
INSURED HESS CORPORATION AND ITS SUBSIDIARY COS. 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036	COMPANY A	LIBERTY MUTUAL INSURANCE CO. - NAIC#23043
	COMPANY B	LIBERTY MUTUAL FIRE INSURANCE CO. - NAIC#23035
	COMPANY C	LIBERTY INSURANCE CORPORATION - NAIC#42404
	COMPANY D	

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
A	GENERAL LIABILITY	EB1-621-004329-062	9/1/2012	9/1/2013	GENERAL AGGREGATE	\$ 5,000,000			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$ *4,500,000			
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ *4,500,000			
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ *4,500,000			
	<input checked="" type="checkbox"/> SIR - \$500,000				FIRE DAMAGE (Any One Fire)	\$			
					MED EXP (Any One Person)	\$			
B	AUTOMOBILE LIABILITY	AS2-621-004329-012	9/1/2012	9/1/2013	COMBINED SINGLE LIMIT	\$ 5,000,000			
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per Person)	\$			
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per Accident)	\$			
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$			
	<input checked="" type="checkbox"/> HIRED AUTOS								
	<input checked="" type="checkbox"/> NON-OWNED AUTOS								
	<input checked="" type="checkbox"/> SEE BELOW								
	GARAGE LIABILITY							AUTO ONLY -EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO							OTHER THAN AUTO ONLY:	
				EACH ACCIDENT	\$				
				AGGREGATE	\$				
				EACH OCCURRENCE	\$				
				AGGREGATE	\$				
					\$				
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WA7-62D-004329-022	9/1/2012	9/1/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH-ER			
	EL EACH ACCIDENT				\$ 5,000,000				
	EL DISEASE-POLICY LIMIT				\$ 5,000,000				
	EL DISEASE-EA EMPLOYEE				\$ 5,000,000				
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL								
	OTHER								

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

ALL OPERATIONS OF THE INSURED AND ALL OWNED, HIRED AND NON-OWNED VEHICLES
 * ABOVE LIMITS OF LIABILITY APPLY EXCESS OF A \$500,000 SELF INSURED RETENTION

CERTIFICATE HOLDER

----For Evidence of Insurance Only----

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



21021



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDINGExact name of taxpayer/applicant's business: Hess CorpAddress of taxpayer/applicant's business in Somerville: 709 McGrath Hwy

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 732-750-6350 evening: _____

I, (print name) R J Lawlor VP, 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 8 day of March, 20 13.
(Taxpayer's signature) [Signature]

CITY'S ACKNOWLEDGEMENTDATE OF ISSUANCE: 3/25/13 INCLUDES RELEVANT POSTINGS THROUGH: 3/22/13

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☒ Real Estate ☒ Water/Sewer ☒ Personal Property ☐ Other: _____# 9697 # 144005001 # 801 # _____

NOTES:

CLERK'S INITIALS: Rie

ORIGINAL STAMP:

RECEIVED
Rie