



CITY OF SOMERVILLE
 Commonwealth of Massachusetts
 93 Highland Avenue
 Somerville, MA 02143
 (617) 625-6600

2016 APR 13 P 2:41

Application to Renew Flammables License

CITY CLERK'S OFFICE
 SOMERVILLE, MA

DRAKE PETROLEUM COMPANY, INC.
221 QUINEBAUG RD.
N. GROSVENORDALE CT 06255

License #: BL15-000517
File #: 15-413
Fee: 605

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: SOMERVILLE MOBIL Business Location: 360 MEDFORD ST Business Phone: 617-625-5555	Somerville Xtra Fuels PER JASON FRIGON, 5/10/16
License Holder: DRAKE PETROLEUM COMPANY, INC. 221 QUINEBAUG RD. N. GROSVENORDALE CT 06255	C/o ECS Eclipse, 705-A Lakeview Plaza Blvd Worthington, OH 43085
Mailing Address: DRAKE PETROLEUM COMPANY, INC. 221 QUINEBAUG RD. N. GROSVENORDALE CT 06255	C/o ECS Eclipse, 705-A Lakeview Plaza Blvd Worthington, OH 43085
Business Type: Corporation DAVID PREBLE AMATO DIBIASIO JEFFREY WALKER	Andrew Siffka - President Ed Faneuil - Secretary Gregory Hanson - Treasurer
FID: 042236089	
Emergency Contact: DAVE PREBLE Phone: 860-935-5200	ECS Eclipse 614-433-0170
# of Gallons of Flammables to be Stored: 24210 Describe Flammables to be Stored: Not yet provided. Proposed Hours of Operation: Not yet provided.	

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: Sarah Beaumont Date: 4/11/2016

Printed Name: Sarah Beaumont Auth. Rep Phone: 614-515-6456



146.19
water

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: DRAKE PETROLEUM CO., INC.
DBA SOMERVILLE MOBIL

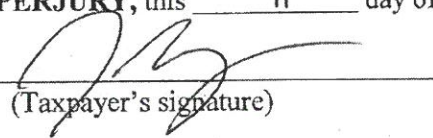
Address of taxpayer/applicant's business in Somerville: 360 MEDFORD ST

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

Taxpayer/applicant's phone: day: 401-781-9900 x257 evening: 978-339-3545

I, (print name) JASON FRIGON, 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 11 day of APRIL, 20 16.


(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: _____

10066 # 208028011 # 834 # _____

NOTES:

CLERK'S INITIALS: 

ORIGINAL STAMP:





The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: Global Partners LP its affiliates and subsidiaries

Address: 800 South Street

City/State/Zip: Waltham, MA 02454 Phone #: 781-398-4032

- Are you an employer? Check the appropriate box:**
1. I am an employer with 3000 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 Insurance Company

Insurer's Address: 175 Berkeley Street

City/State/Zip: Boston, MA 02116

Policy # or Self-ins. Lic. # WA7-69D-460066-15 Expiration Date: 10-1-16

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: [Handwritten Signature] Date: 10/1/15

Phone #: 781-398-4032

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 #: _____

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY
INSURANCE POLICY**

INFORMATION PAGE



Issued by Liberty Insurance Corporation (a stock company) 21814

Policy Number	WA7-69D-460066-015	Issuing Office	Lewiston, ME
Renewal Of	WA7-69D-460066-014	Issue Date	10/15/2015
Account Number	9-460066	Sub Account	0000

1. Insured and Mailing Address	FEIN	74-3140887
Global Partners, LP	NJ TIN	141924242000
800 South Street, Suite 500	Risk ID	911385333
PO Box 9161		
WALTHAM MA 02453		

Status Limited Partnership

Other workplaces not shown above: See Item 4. Premium - Extension of Information Page

2. Policy Period: The policy period is from 10/01/2015 to 10/01/2016 12:01 A.M. standard time at the Insured's mailing address.

3. Coverage

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: CT FL GA IA ME MD MA MT NH NJ NY NC OR PA RI TX VT VA

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$	1,000,000	each accident
Bodily Injury by Disease	\$	1,000,000	policy limit
Bodily Injury by Disease	\$	1,000,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
All States except those listed in Item 3.A and the States of:
ND OH WA WY

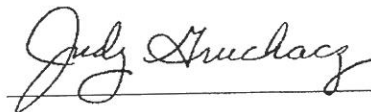
D. This policy includes these endorsements and schedules: See Item 3. Coverage D - Extension of Information Page

4. Premium: The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
See Extension of Information Page				
Minimum Premium	\$1,771 (PA)	Total Estimated Annual Premium	\$	1,047,289
Premium will be billed	Annual	Deposit Premium	\$	1,047,289
		Deposit Tax/Surcharge/Assessment	\$	106,089

Producer 0002 000499
LOCKTON COMPANIES LLC (DALLAS SERIES)
2100 ROSS AVE STE 1400
DALLAS TX 752016706

Countersigned by Authorized Rep. (FL)



Producer MASTERS 8828
Irving, TX

April 11, 2016

Somerville City Clerk
93 Highland Avenue
Somerville, MA 01527

**RE: FP5 Certificate of Registration Renewal – Drake Petroleum Company, Inc.
360 Medford Street**

To Whom It May Concern,
Eclipse, a Division of ECS Inc. is an environmental and compliance consulting firm retained by Drake Petroleum Company, Inc. to assist with their storage tank compliance program. In this role, I am writing to renew the FP5 Certificate of Registration for the above-referenced facility.

Please find enclosed the documentation needed to perform the renewal, as follows:

1. Certificate of Registration Renewal Application
2. Remittance in the amount of \$605.00 – Check #611237
3. Certificate of Good Standing
4. Worker's Comp. Affidavit

Our client requests that the new permit and future renewals be sent to my office at the address below for processing and distributing to the site.

**Drake Petroleum Company, Inc.
C/o ECS Eclipse
705-A Lakeview Plaza Blvd.
Worthington, OH 43085**

Thank you for your assistance. If you have any questions or need any further information, please feel free to contact me at 614-433-0170.

Sincerely,
Eclipse, a Division of ECS, Inc.



Sarah Beaumont
Compliance Analyst

Enclosures