

#2469

CITY OF SOMERVILLE

2016 APR 14 P 1:24

CITY CLERK'S OFFICE
SOMERVILLE, MA

Application to Renew Flammables License

CUMBERLAND FARMS, INC.
100 CROSSING BLVD.
FRAMINGHAM MA 01702License #: BL15-000522
15-419
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: CUMBERLAND FARMS #2469 Business Location: 701 SOMERVILLE AVE Business Phone: 617-776-3596	
License Holder: CUMBERLAND FARMS, INC. 100 CROSSING BLVD. FRAMINGHAM MA 01702	
Mailing Address: ECS ECLIPSE DIVISION 588 SILVER ST AGAWAM MA 01001	
Business Type: Corporation JOSEPH PETROWSKI HOWARD ROSENSTEIN MARK HOWARD	
FID: 042843586	
Emergency Contact: CUMBERLAND FARMS Phone: 800-225-9702	
# of Gallons of Flammables to be Stored: 25000 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.

Printed Name: Joel Hershey Joel Hershey (Auth. Rep.) Phone: (413) 789-3530



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's CUMBERLAND FARMS INC
Address of taxpayer/applicant's business in Somerville: 701 SOMERVILLE AVE, SOMERVILLE, MA
Address of taxpayer/applicant's home in Somerville: _____
Taxpayer/applicant's phone: day: 508-270-1400 evening: _____
Tax Department
100 Crossing Blvd.
Framingham, Ma. 01702

I, (print name) Richard Fournier Tax Manager, 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.

ERJURY, this 16 day of
MARCH, 2016.
(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: _____

14124 # 241048031 # 1124 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

received
URB
4/14/16



*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: Cumberland Farms, Inc.

Address: 100 Crossing Boulevard

City/State/Zip: Framingham, MA 01702

Phone #: 508 270 1400

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 3,208 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: ACE Property & Casualty Insurance Company

Insurer's Address: 33 Arch Street, Suite 2900

City/State/Zip: Boston, MA 02110

Policy # or Self-ins. Lic. # SCF48603257 Expiration Date: 4/1/17

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: [Signature]

Date: 4.1.16

Phone #: 508 270 1480

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 #: _____

April 12, 2016

Town of Somerville
Somerville Town Clerk
City Hall, 93 Highland Avenue
Somerville, MA, 02143

RE: Certificate of Registration (FP5) - Cumberland Farms Inc.
Cumberland Farms #2469 - 701 Somerville Ave, Somerville, MA

To Whom It May Concern,

ECS Eclipse, a division of Environmental Compliance Services, Inc. is an environmental and compliance consulting firm retained by Cumberland Farms, Inc. to assist in its underground storage tank compliance program. I am writing to submit FP5 remittance fee for the above referenced facility.

Please find enclosed the following documentation

- Certificate of Registration Renewal Application
- Workers' Compensation Insurance Affidavit
- Certificate of Good Standing
- Remittance in the amount of \$605.00 check #611487

Our client requests that once your agency has finished the processing of the enclosed, that the new permit be sent to our office at:

ECS Eclipse
Attn: Caitlin Freed
588 Silver St.
Agawam, MA 01001

If you have any questions or require any additional information please contact me at 413-233-9318 or email at cfreed@ecseclipse.com.

Sincerely
ECS Eclipse, a division of Environmental Compliance Services, Inc.


Caitlin Freed
Compliance Analyst