



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

2013 MAR 27 A 9:43

APPLICATION TO RENEW FLAMMABLES LICENSECITY CLERK'S OFFICE
SOMERVILLE, MA

LUB-O-LINE INDUSTRIAL OIL CO., INC.
9 FLORENCE ST
SOMERVILLE, MA 02145

License #: 529

City #F166

Fee: 550.00

Account ID: 429

Reference #: 529

#7023

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 LUB-O-LINE INDUSTRIAL OIL CO., INC.	
Business Location: 9 FLORENCE ST	
Business Phone: 617-776-4490	
License Holder: LUB-O-LINE INDUSTRIAL OIL CO., INC. 9 FLORENCE ST SOMERVILLE, MA 02145 617-776-4490	
Mailing Address: LUB-O-LINE INDUSTRIAL OIL CO., INC. SOMERVILLE, MA 02145	
Business Type: CORPORATION (INC. LLC) PRESIDENT - NORMA WATERMAN TREASURER - NORMA WATERMAN	
FID: 042227408	
Food Manager/Emergency Contact: NORMA WATERMAN 603-673-6061	

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

Hours: **MO-SU 5 AM - MIDNIGHT**

Description of Location and/or Other Conditions:

Originally Issued 2/22/1993, 9,000 Gals. Aboveground Fuel Oil In 3 Trucks. Hours Of Operation Monday-Friday 6AM-7PM, Saturday 8AM-1PM, Sunday Closed.

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: *Norma Waterman*

Date: 3/26/13

Print Name: NORMA WATERMAN

Phone: 617-776-4490

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit- General Business

Applicant information:

Name: Lubaline Industrial Oil Co. Inc.
Address: 9 Florence Street
City: Somerville State: MA Zip: 02145 Phone #: 617 776 4490

- ☒ I am an employer with 3 employees (full and/or part time).
☐ I am a sole proprietor or partnership and have no employees.
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
☐ We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type: ☒ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: AIG Group
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: 65624B 4692P22 0 12 Expiration Date: 6/2/13

Applicant certification:

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: Norma Waterson Date: 3/26/13
Print Name: NORMA WATERSON

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

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____

☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Lubelme Ind. Oil Co Inc

Address of taxpayer/applicant's business in Somerville: 9 HORSNOR STREET

Address of taxpayer/applicant's home in Somerville: 50 WALNUT HILL BL ARLINGSTON ST
03031

Taxpayer/applicant's phone: day: 617 776 4480 evening: 603 673 1061

I, (print name) NORMA WATERMAN 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 26th day of

March, 20 13. Norma Waterman
(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: _____

5540 # 108070011 # 527 # 20962
20966

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



RECEIVED
4-27-13