

envelope attached

NOTE: COMPLETE FORM AND FORWARD WITH FEE TO CITY CLERK' OFFICE.
DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFETY.

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:

SUNOCO, INC. ATTN: KATHY MCCANEY Lic#: F-2012-084
AIRPORT BUSINESS COMPLEX /BUILDING G - 2ND FLOOR B.O.A.#: 160818
LESTER PA 19029 4444 Fee: \$550.00 ✓

Restricted to: 33,380 Gallons Total

Restricted as follows;

AMENDED 01/26/84 AMENDED TO FULL SELF SERVICE PUMPS 9/1/98
24,000 GALS. GASOLINE SELF SERVICE PUMPS-
8,000 GALS. DIESEL
550 GALS. FUEL OIL crossed off on 2001 application
280 GALS. WASTE OIL Aboveground
1,100 GALS. OIL & GREASE

Is the holder of the license originally granted 03/02/1956
for the lawful use of the building (s) or other structure situated or
to be situated at 00434 -00450 MCGRATH HWY
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: SUNOCO SERVICE STATION #0005-2175 TEL: ~~617-594-0337~~
Company Address: 00434 -00450 MCGRATH HWY

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: SUNOCO, INC. ATTN: KATHY MCCANEY TEL: 1-610-833-3761
Owner Address: AIRPORT BUSINESS COMPLEX /BUILDING G - 2ND FLOOR

10 INDUSTRIAL HWY, NORTH LOOP ROAD
Owner City: LESTER State: PA Zip: 19029
FID#: 231743283

This Application must be signed and filed with the required fee no later than
April 30, 2012. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by
04/30/2012 please advise this office at once.

This renewal application must be signed by the holder of the license.

Check One: Owner ___ Occupant ___ Holder ___

Kathleen McCaney
Signature of Applicant

SUNOCO, INC (R&M)
Airport Business Complex
10 Industrial Hwy, North Loop Rd.
Building G - 2nd Floor
C: Lester, PA 19029

** Office Use Only **

Mailed

Taken

Received: 5/21/12 CR 6002833571

\$550 Control #1949
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.

Kathleen McEaney

* Signature of Individual or Corporate Name (Mandatory)

SUNOCO, INC (R&M)
Airport Business Complex
10 Industrial Hwy, North Loop Rd.
Building G - 2nd Floor
Lester, PA 19029

By: Corporate Officer (Mandatory, if a corporation)

23-1743283

** 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.



Sunoco #0005-2175

City of Somerville, Massachusetts
Finance Department, Treasury Division

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

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: _____

Address of taxpayer/applicant's business in Somerville: 434 McGrath Hwy

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

SUNOCO, INC (R&M)
Airport Business Complex
10 Industrial Hwy, North Loop Rd.
Building G - 2nd Floor
Lester, PA 19029

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) Pamela Bugio Darby, 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 16th day of

April, 2012. Pamela Bugio Darby
(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: _____

9635 # 118041001 # 821 # _____

NOTES:

CLERK'S INITIALS: Q

ORIGINAL STAMP:

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143
(617) 625-6600 EXT. 3500 • TTY: (866) 808-4851 • FAX: (617) 666-9682
WWW.SOMERVILLEMA.GOV



RECEIVED
UBAWAY
5-21-12



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: **SUNOCO, INC (R&M)**
address: **Airport Business Complex**
10 Industrial Hwy, North Loop Rd.
Building G - 2nd Floor
Lester, PA 19029
city: _____ zip: _____ phone #: _____

work site location (full address): **434 McGrath HWY, Somerville, MA 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 _____ employees (full & part time). ☒ Other **Site is temp closed 4/14/2011**
☐ I am an employer providing workers' compensation for my employees working on this job.

company name: _____
address: _____
city: _____ phone #: _____
insurance co. _____ policy #: _____

☐ 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 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: **Kathleen McCaney** Date: **4/24/12**
Print name: **Kathleen McCaney** Phone #: **(616) 833-3761**
Compliance Coordinator

official use only do not write in this area to be completed by city or town official
city or town: _____ permit/license #: _____
☐ check if immediate response is required
contact person: _____ phone #: _____
(revised Sept. 2003)

- ☐ Building Department
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Health Department
- ☐ Other _____