

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

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:

SCIUCCO FAMILY TRUST
379 ALEWIFEBROOK PARKWAY
SOMERVILLE MA 02144 4444

Lic#: ~~10~~-2010-004
B.O.A.#:
Fee: \$500.00

Restricted to: 33,450 Gallons Total

Restricted as follows;

AMENDED 07/09/36, 12/28/53, 04/10/75

32,000 GALS. LOW LEAD GASOLINE

1,300 GALS. MOTOR OIL

300 GALS WASTE OIL

50 GALS OF ANTI-FREEZE

12/13/90 INSTALL & MAINTAIN

RESTROOM FACILITIES: NO

DELIVERY OF GAS OR OIL FROM

12:00 A.M. - 6:A.M.

03/28/1991 ADDITIONAL STORAGE OF 2
SELF SERVICE PUMPS.

Is the holder of the license originally granted 02/27/1930
for the lawful use of the building (s) or other structure (s) situated or
to be situated at 00379 ~~00387~~ ALEWIFE BROOK PKWY
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: MOBIL MART PLUS INC. TEL: 617-625-2230
Company Address: 00379 ~~00387~~ ALEWIFE BROOK PKWY

City: SOMERVILLE State: MA Zip: 02144
Check One: _____ Gov't _____ Partner _____
Individual: _____ Co: _____ Corp: _____ Trust: X Agency _____ Ship _____ Other _____

Owner Name: SCIUCCO FAMILY TRUST TEL: 781-572-0429
Owner Address: 379 ALEWIFEBROOK PARKWAY

Owner City: SOMERVILLE State: MA Zip: 02144
FID#: 042831621

This Application must be signed and filed with the required fee no later than
April 30, 2010. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by
04/30/2010 please advise this office at once.

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

Check One: Owner _____ Occupant _____ Holder _____

Fin Jones
Signature of Applicant

379 Alewife Brook Pky
Address

Somerville MA 02144
City State Zip

** Office Use Only **

Mailed _____

Taken ✓

Received: \$500.00

CK# 14454

9/23/10 - ms

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.

Ms. J. Mart Plus Inc.
* Signature of Individual or Corporate Name (Mandatory)

[Signature] HIT
By: Corporate Officer (Mandatory, if a corporation)

042851621
** 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.

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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Mobil Mart Plus, Inc.
Address: 379 Glenite Brook Pkwy
City: Somerville State: Mass Zip: 02144 Phone #: 6176252230

- ☐ I am an employer with _____ 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 Lease

Workers' compensation insurance information (if applicable):

Insurance Company Name: Zurich-American Ins. Co.
Address: 8200 E Chaparral Rd Suite 200
City: Scottsdale State: AZ Zip: 85250 Phone #: _____
Policy #: WC 45-75-603-05 Expiration Date: 1.1.11

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: [Signature] Date: 4.25.10
Print Name: Flora Subwito

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 _____

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/28/2009**PRODUCER**Doug Jones c/o AJG Risk Management Services, Inc.
8800 E. Chaparral Rd, Suite 230
Scottsdale, AZ 85250

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.

INSUREDGenesis Consolidated Services, Inc.
76 Blanchard Rd.
Burlington, MA 01803**INSURERS AFFORDING COVERAGE**

NAIC #

INSURER A: Zurich-American Insurance Company

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
		GENERAL LIABILITY				EACH OCCURRENCE \$
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COM/PROP AGG \$
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
		ANY AUTO				BODILY INJURY (Per person) \$
		ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		HIRED AUTOS				
		NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
						\$
		DEDUCTIBLE				\$
		RETENTION \$				\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC 45-76-603-05	01/01/2010	01/01/2011	X WC STATUTORY LIMITS OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
		OTHER				E.L. DISEASE - POLICY LIMIT \$ 1,000,000
			Location Coverage Period:	01/01/2010	01/01/2011	Certificate#: 10MA503742609
						Client#: 1692-MA

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Waiver of Subrogation in favor of Exxon Mobil Oil Corporation who supplies gasoline to Mobil Mart Plus, 379 Alewife Brook Parkway, Somerville, MA 02144. Length of job: policy period.

Endorsements:

Waiver of Subrogation

Coverage is provided for only those employees leased to but not subcontractors of:

Mobil Mart Plus, Inc
379 Alewife Brook Pkwy
Somerville, MA 02144**CERTIFICATE HOLDER**Motiva Enterprises, LLC
C/O AMCS
P.O. Box 2020
Conway, AR 72033**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE





City of Somerville, Massachusetts
Finance Department, Treasury Division

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

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: Mobil Mart Plus Inc
2. Address of taxpayer/applicant's business in Somerville: 379 Atlantic Brook
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: 781 572 0429 evening: 617 625 2230

I, Fiore Sciuocco, 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 25th day of April, 2010. [Signature]
(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: _____
13464380 # 34402401 # 30000538 # _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

received
4-28-10