

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

\$550.00

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:

IBRAHIM GALAL
620 BROADWY
SOMERVILLE

MA 02145 4444

Lic#: F-2012-032
B.O.A.#: 170646
Fee: \$550.00

Restricted to: 36,000 Gallons Total

Restricted as follows;

AMENDED 12/11/69, 01/08/87-36,000 GALS GASOLINE-550 GALS HEATING OIL-550 GALS. WASTE OIL-1,000 GALS. MOTOR OIL, KEROSENE, ANTI-FREEZE

CONDITIONS: ALL VEHICLES SHALL BE SERVICED INSIDE THE BUILDING AND NOT ON ANY PUBLIC OR PRIVATE WAY 2 ALL VEHICLES SHALL BE STORED WITHIN PROPERTY LINE 3. HOURS OF OPERATION: SUNDAY THRU SATURDAY 6:00AM TO 11:00PM 4.

UPDATED CERTIFICATE OF OCCUPANCY MUST BE ISSUED BY ISD 5. PARKING-

NO BLOCKING OF THE SIDEWALK OR ANY PUBLIC WAY, INCLUDING DURING SNOW REMOVAL PERIODS FOR ADDITIONAL CONDITIONS SEE ATTACHED SHEETS

Is the holder of the license originally granted 06/28/1934

for the lawful use of the building (s) or other structure (s) situated or to be situated at 00620 BROADWAY

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: SOMERVILLE CITGO, INC. TEL: 617-628-9400
Company Address: 00620 BROADWAY

City: SOMERVILLE State: MA Zip: 02145

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

Owner Name: IBRAHIM GALAL TEL: 617-480-6442
Owner Address: 620 BROADWY

Owner City: SOMERVILLE State: MA Zip: 02145
FID#: 043579346

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

[Signature]
Signature of Applicant

620 Broadway
Address

Somerville MA 02145
City State Zip

** Office Use Only **

2012 MAY -1 A 10 32

Mailed
Taken

Received:

City Clerk

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: SHIELD
Somerville Address and Zip Code: 620 Broadway Somerville MA
Phone Number of the Business: 617-628-9400

The Legal Name of the License Holder: SUKHJINDER S. GILL
Street Address of the License Holder: _____
City, State and Zip Code of the License Holder: _____
Phone Number of the License Holder: 617-592-2001
Email Address of the License Holder: _____

Where We Should Send Mail: Name: SAME
Street Address: _____
City, State and Zip Code: _____
Email: _____
Phone Number: _____

Federal ID # (Do Not Give a Social Security #): 134-29-8143

Emergency Contact and Phone (For Fire Dept. Use): 617-592-2001

Type of Business (Check Only One and Give the Names Indicated):
☐ Sole Proprietor: Name of Owner: _____
☐ Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
☐ Trust: Names of All Trustees Who Own More Than 10%: _____
☒ Corporation (inc. LLC): Name of President: SUKHJINDER S. GILL
Name of Secretary: SUKHJINDER S. GILL
Name of Treasurer: SUKHJINDER S. GILL
Other (Attach a Description of the Form of Ownership and the Names of Owners) _____

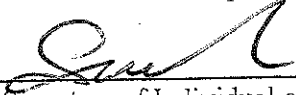
ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:
-All information shown above is true and accurate.
-Any changes above are subject to the approval of the Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: _____ Date: _____

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.


* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

136-29-8143
** 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.



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: 620 Broadway

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

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

I, (print name) _____, 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 _____ day of

_____, 20____.

(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: _____

01025080
2186

52051001

243

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

RECEIVED
4-27-12



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: SHIELD
address: 620 Broadway
city: Somerville state: MA zip: 02145 phone #: 617-628-9400

work site location (full address):

☐ 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 _____

☒ I am an employer providing workers' compensation for my employees working on this job.

company name: Public Mutual Service Ins Co.
address: One Park Ave New York
city: New York phone #: _____
insurance co. _____ policy #: WC-041578-12

☐ 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 [Signature] Date 4/30/12
Print name SUKHTINDER S. GILL Phone # 4/30/12

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 #: _____

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

(revised Sept. 2003)