

TRANSFER OF STORAGE OF FLAMMABLES LICENSE

Nonrefundable Application Fee \$150.00

Date _____

FOR CITY CLERK'S OFFICE ONLY
Date Recorded _____
Amount Paid _____

New Application with NO Additions or Changes *For the storage of* 40,000 *Gallons*

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business (DBA) Name: Hess 21521 Phone: 617.628.3871

Applicant's Federal Employer Identification Number: 46-5271388

Applicant's Legal Name: Hess Retail Operations LLC

Applicant's Address (with Zip Code): One Hess Plaza, Woodbridge, NJ 07095

Mailing Name (where we should send correspondence to): Hess Retail Operations LLC

Mailing Address (with Zip Code): One Hess Plaza, Woodbridge, NJ 07095

Emergency Contact: Edward Salazar Phone: 617.792.9992

Type of Business (Check Only One and Provide the Names Indicated):
<input type="checkbox"/> Sole Proprietor: Name of Owner: _____
<input type="checkbox"/> Partnership (inc. LLP): Name of Partnership: _____
Names of All Partners Who Own More Than 10%: _____

<input type="checkbox"/> Trust: Name of Trust: _____
Names of All Trustees Who Own More Than 10%: _____

<input type="checkbox"/> Corporation: Name of Corporation: _____
Name of President: _____
Name of Secretary: _____ Name of Treasurer: _____
<input checked="" type="checkbox"/> LLC: Name of LLC: <u>Hess Retail Operations LLC</u>
Names of All Managers Who Own More Than 10%: <u>Hess Retail Holdings LLC</u>

<input type="checkbox"/> Other (Attach a Description of the Form of Ownership and the Names of Owners)

Have you ever obtained a storage of flammables license before? Y N

If yes, list year, city and state _____

Have you ever been denied a storage of flammables license? Y N

If yes, list year, city and state _____

Have you ever had a storage of flammables license revoked or suspended? Y N

If yes, list year, city and state _____


Describe all of the premises to be used in the business: NO CHANGES

Describe your hours of operation: NO CHANGES

Describe what materials you will be storing, and for what purpose NO CHANGES

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on April 30, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. 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 Applicant:  Date 7/2/14

Print Name: Janice Flaherty

GRAY | ROBINSON
ATTORNEYS AT LAW

Jandianne J. Chamberlin, CP, FRP
Licensing Specialist

813-273-5029

JANDIANNE.CHAMBERLIN@GRAY-ROBINSON.COM

SUITE 2700 BOCA RATON
401 E. JACKSON STREET (33602) FORT LAUDERDALE
POST OFFICE BOX 3324 JACKSONVILLE
TAMPA, FL 33601-3324
TEL 813-273-5000 KEY WEST
FAX 813-273-5145 LAKELAND
gray-robinson.com MELBOURNE
MIAMI
NAPLES
ORLANDO
TALLAHASSEE

August 6, 2014

Via Federal Express

John J. Long, City Clerk
City of Somerville
93 Highland Avenue
Somerville, MA 02143

Re: Hess Corporation
Hess # 21521 – 709 McGrath Highway

Dear Mr. Long:

As you are aware from recent communications with our office, Hess Corporation is undergoing an internal corporate reorganization that includes transferring their underground storage tank permits from Hess Corporation to a newly-formed subsidiary, Hess Retail Stores LLC, effective June 30, 2014. The FEIN for Hess Retail Stores LLC is 46-5271388. The ownership contact information remains the same, as does the billing contact information.

As you requested, we are enclosing the following documents:

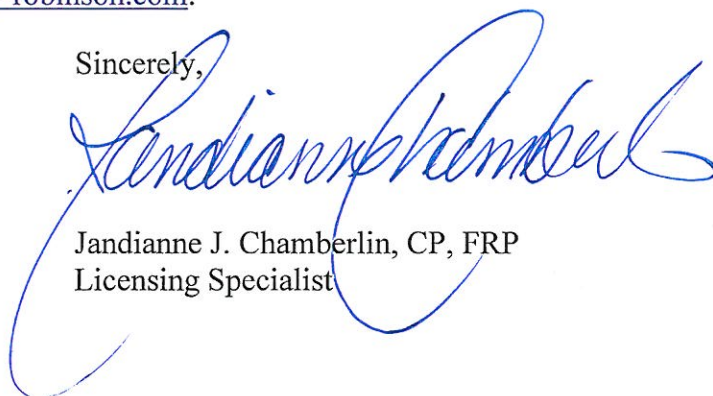
1. Original signed Transfer of Storage of Flammables License;
2. Original signed Workers' Compensation Insurance Affidavit – General Businesses, with attached Certificate of Insurance; and
3. Original Certificate of Good Standing.

The Form UST FP-290 and FP-290 Part 3 Form will be sent to the Somerville Fire Department.

John J. Long, City Clerk
City of Somerville
Re: Hess Corporation – Hess #21521
August 6, 2014

Please provide our office with a copy of the new license. Should you need further information or have any questions, please contact the undersigned or Joyce Molina at 813.273.5189 or by email: joyce.molina@gray-robinson.com.

Sincerely,



Jandianne J. Chamberlin, CP, FRP
Licensing Specialist

JJC/jm
Enclosures



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Hess Retail ^{OPERATIONS} Stores LLC

Address of taxpayer/applicant's business in Somerville: Hess # 21521, 709 McGrath Highway
Somerville, MA 02145

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 732.750.6000 evening: _____

(Print name) James Lakata, 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 11th day of

July, 2014. James Lakata
(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: _____

9889 # 144005001 # 784 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



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: Hess Retail ^{operations} Stores LLC

Address: 1 Hess Plaza

City: Woodbridge State: NJ Zip: 07095 Phone #: 732.750.8500

- I am an employer with 8 employees (full and/or part time). **Business Type:** Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: See attached Certificate of Liability Insurance

Address: _____

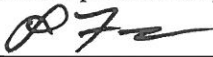
City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: _____ Expiration Date: _____

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:  Date: 7/2/14

Print Name: Janice Flaherty

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 _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/23/2013

Page 1 of 1

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis of New York, Inc. c/o 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME:		
	PHONE (A/C, NO, EXT):	877-945-7378	FAX (A/C, NO): 888-467-2378
	E-MAIL ADDRESS:	certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	Liberty Mutual Fire Insurance Company	23035-001
	INSURER B:	Liberty Insurance Corporation	42404-001
INSURED Hess Corporation One Hess Plaza Woodbridge, NJ 07095	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 20252467

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR - \$500,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-IECT <input type="checkbox"/> LOC			EB2621004329063	9/1/2013	9/1/2014	EACH OCCURRENCE \$ 4,500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 4,500,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 4,500,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> See Below			AS2621004329013	9/1/2013	9/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WA762D004329023	9/1/2013	9/1/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
B			N/A	WC7621004329263	9/1/2013	9/1/2014	E.L. EACH ACCIDENT \$ 5,000,000 E.L. DISEASE - EA EMPLOYEE \$ 5,000,000 E.L. DISEASE - POLICY LIMIT \$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach Acord 101, Additional Remarks Schedule, if more space is required)

ALL OPERATIONS OF THE INSURED AND ALL OWNED, HIRED AND NON-OWNED VEHICLES.

* ABOVE LIMITS OF LIABILITY APPLY EXCESS OF A \$500,000 SELF INSURED RETENTION.

CERTIFICATE HOLDER

CANCELLATION

Evidence of Insurance

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE