

A1521  
550

**IMPORTANT**

#411  
REF 854

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 you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Extended Operating Hours  
License Number: #191319  
Business Name: Hess #21521  
Location: 709 McGrath Hwy  
Special Conditions (if any): Su-Sa, 24 Hrs,

Renewal Fee (Return with this application): \$550

PLEASE FILL IN ALL SIX BOXES BELOW:

CITY CLERK'S OFFICE  
SOMERVILLE, MA

2012 APR - 2 P 2:01

|                                  |                       |
|----------------------------------|-----------------------|
| The DBA Name of the Business:    | Hess 21521            |
| Somerville Address and Zip Code: | 709 McGrath Hwy 02145 |
| Phone Number of the Business:    | 628-3871              |

|   |                            |
|---|----------------------------|
| The Legal Name of the License Holder:           | HESS CORPORATION           |
| Street Address of the License Holder:           | 1 Hess Plaza / J. Flaherty |
| City, State and Zip Code of the License Holder: | Woodbridge, NJ 07095       |
| Phone Number of the License Holder:             | 732-750-6350               |
| Email Address of the License Holder:            | JFlaherty@Hess.com         |

|                                  |                            |
|----------------------------------|----------------------------|
| Where We Should Send Mail: Name: | HESS CORPORATION           |
| Street Address:                  | 1 Hess Plaza / J. Flaherty |
| City, State and Zip Code:        | Woodbridge, NJ 07095       |
| Email:                           | JFlaherty@Hess.com         |
| Phone Number:                    | 732-750-6350               |

|   |            |
|---|------------|
| Federal ID # (Do Not Give a Social Security #): | 13-4921002 |
|---|------------|

|   |                                |
|---|--------------------------------|
| Emergency Contact and Phone (For Fire Dept. Use): | William Maldonado 617-628-6299 |
|---|--------------------------------|

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: RJ Lawlor VP

Name of Secretary: GC Barry

Name of Treasurer: LH Ornstein

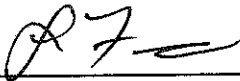
Other (Attach a Description of the Form of Ownership and the Names of Owners)

**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 3/29/12



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: Hess Corp

Address of taxpayer/applicant's business in Somerville: 709 McGrath Hwy

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 732-720-6350 evening: \_\_\_\_\_

I, (print name) RJ Lawlor, VP, 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 26 day of

March, 2012. [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: \_\_\_\_\_

# 18455155      # 144005001      # 828      # \_\_\_\_\_

NOTES: 9644

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: RECEIVED  
3-29-12



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

**Applicant Information**

Please Print Legibly

Business/Organization Name: Hess 21521  
 Address: 709 McGrath Hwy  
 City/State/Zip: Somerville MA 02145 Phone #: 617-628-3871

Are you an employer? Check the appropriate box:

- 1.  I am an employer with 5-10 employees (full and/or part-time).\*
- 2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3.  We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
- 4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5.  Retail
- 6.  Restaurant/Bar/Eating Establishment
- 7.  Office and/or Sales (incl. real estate, auto, etc.)
- 8.  Non-profit
- 9.  Entertainment
- 10.  Manufacturing
- 11.  Health Care
- 12.  Other

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Liberty Mutual  
 Insurer's Address: PO Box 3634  
 City/State/Zip: Bala Cynwyd PA 19004  
 Policy # or Self-ins. Lic. # WA7-62D-004329-021 Expiration Date: 9/1/12

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance 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: 3/29/12  
 Phone #: 732-750-6350

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

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

Date: 8/24/11

**PRODUCER**  
 WILLIS OF NEW YORK, INC.  
 ONE WORLD FINANCIAL CENTER  
 200 LIBERTY STREET, 6<sup>TH</sup> FLOOR  
 NEW YORK, NY 10281

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.

### COMPANIES AFFORDING COVERAGE

|           |  |
|-----------|--|
| COMPANY A | LIBERTY MUTUAL INSURANCE CO. - NAIC#23043      |
| COMPANY B | LIBERTY MUTUAL FIRE INSURANCE CO. - NAIC#23035 |
| COMPANY C | LIBERTY INSURANCE CORPORATION - NAIC#42404     |
| COMPANY D |  |

**INSURED**  
 HESS CORPORATION  
 AND ITS SUBSIDIARY COS.  
 1185 AVENUE OF THE AMERICAS  
 NEW YORK, NY 10036

### COVERAGES

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.

| CO LTR  | TYPE OF INSURANCE   | POLICY NUMBER      | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS   |               |
|---|---|--------------------|----------------------------------|-----------------------------------|--|---------------|
| A   | GENERAL LIABILITY   | EB1-621-004329-061 | 9/1/2011                         | 9/1/2012                          | GENERAL AGGREGATE  | \$ 5,000,000  |
|   | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |                    |                                  |                                   | PRODUCTS-COMP/OP AGG                                     | \$ *4,500,000 |
|   | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR                              |                    |                                  |                                   | PERSONAL & ADV INJURY                                    | \$ *4,500,000 |
|   | OWNER'S & CONTRACTOR'S PROT   |                    |                                  |                                   | EACH OCCURRENCE  | \$ *4,500,000 |
|   | <input checked="" type="checkbox"/> SIR - \$500,000   |                    |                                  |                                   | FIRE DAMAGE (Any One Fire)                               | \$            |
|   |   |                    |                                  |                                   | MED EXP (Any One Person)                                 | \$            |
| B   | AUTOMOBILE LIABILITY  | AS2-621-004329-011 | 9/1/2011                         | 9/1/2012                          | COMBINED SINGLE LIMIT                                    | \$ 5,000,000  |
|   | <input checked="" type="checkbox"/> ANY AUTO  |                    |                                  |                                   | BODILY INJURY (Per Person)                               | \$            |
|   | <input checked="" type="checkbox"/> ALL OWNED AUTOS   |                    |                                  |                                   | BODILY INJURY (Per Accident)                             | \$            |
|   | <input type="checkbox"/> SCHEDULED AUTOS  |                    |                                  |                                   | PROPERTY DAMAGE  | \$            |
|   | <input checked="" type="checkbox"/> HIRED AUTOS   |                    |                                  |                                   |  |               |
| <input checked="" type="checkbox"/> NON-OWNED AUTOS |   |                    |                                  |                                   |  |               |
| <input checked="" type="checkbox"/> SEE BELOW       |   |                    |                                  |                                   |  |               |
|   | GARAGE LIABILITY  |                    |                                  |                                   | AUTO ONLY -EA ACCIDENT                                   | \$            |
|   | <input type="checkbox"/> ANY AUTO   |                    |                                  |                                   | OTHER THAN AUTO ONLY:                                    |               |
|   |   |                    |                                  |                                   | EACH ACCIDENT  | \$            |
|   |   |                    |                                  |                                   | AGGREGATE  | \$            |
|   | EXCESS LIABILITY  |                    |                                  |                                   | EACH OCCURRENCE  | \$            |
|   | <input type="checkbox"/> UMBRELLA FORM  |                    |                                  |                                   | AGGREGATE  | \$            |
|   | <input type="checkbox"/> OTHER THAN UMBRELLA FORM   |                    |                                  |                                   |  | \$            |
| C   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   | WA7-62D-004329-021 | 9/1/2011                         | 9/1/2012                          | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS | OTH -ER       |
|   | THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL |                    |                                  |                                   | EL EACH ACCIDENT   | \$ 5,000,000  |
|   |   |                    |                                  |                                   | EL DISEASE-POLICY LIMIT                                  | \$ 5,000,000  |
|   |   |                    |                                  |                                   | EL DISEASE-EA EMPLOYEE                                   | \$ 5,000,000  |
|   | OTHER   |                    |                                  |                                   |  |               |

### DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

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

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

AUTHORIZED REPRESENTATIVE

