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**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW FLAMMABLES LICENSE

ECS ECLIPSE DIVISION
ATTN: VICTORIA DIBACCO
588 SILVER ST
AGAWAM, MA 01001

License #: 501
City #F26
Fee: 550.00
Account ID: 396
Reference #: 501

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: CUMBERLAND FARMS, INC. Business Location: 212 BROADWAY Business Phone: 800-225-9702	
License Holder: CUMBERLAND FARMS, INC. 100 CROSSING BLVD. FRAMINGHAM, MA 01702 800-225-9702	
Mailing Address: ECS ECLIPSE DIVISION ATTN: VICTORIA DIBACCO 588 SILVER ST AGAWAM, MA 01001	Janet Platosz
Business Type: CORPORATION (INC. LLC) TREASURER - HOWARD ROSENSTEIN PRESIDENT - JOSEPH PETROWSKI SECRETARY - MARK HOWARD	
FID: 042843586	
Food Manager/Emergency Contact: UNKNOWN 800-225-9702	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: MO-SU 5 AM - MIDNIGHT

Description of Location and/or Other Conditions:

Originally issued 7/22/1926. Amended 01/14/32, 05/26/56, 06/12/57, 1/24/2002. 14,000 Gals. Gasoline. 32,000 Gals. Gasoline. 600 Gals. Lub Oil. 600 Gals. Heating Oil. 220 Gals. Kerosene. 200 Gals. Waste Oil. 120 Gals. Alcohol. 650 Gals. Fuel Oil. 180 Gals. Motor Oil. 330 Gals Anti Freeze.

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 BOARD OF ALDERMEN.

-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: Michael Sackiewicz

Date: 3-19-14

Print Name: MICHAEL SACKIEWICZ (Authorized Rep)

Phone: (412) 789-3530



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Cumberland Farms, Inc.

Address of taxpayer/applicant's business in Somerville: 212 Broadway

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

Taxpayer/applicant's phone: day: 508-270-1530 evening: —

I, (print name) Richard Fournier
Tax Manager, 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

March, 20 14.

(Taxpayer's signature)

Richard Fournier
Tax Manager

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: —

2029

144012001

157

—

NOTES:

CLERK'S INITIALS: 19

ORIGINAL STAMP:



RECEIVED
5/21/14



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: Cumberland Farms, Inc.

Address: 100 Crossing Blvd

City/State/Zip: Framingham, MA

Phone #: 508-270-1400

Are you an employer? Check the appropriate box:

1. ☒ I am a employer with 7,232 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: ACE American Insurance Company

Insurer's Address: 33 Arch Street, Suite 2900

City/State/Zip: Boston, MA 02110

Policy # or Self-ins. Lic. # SCF-C4312088

Expiration Date: 04/01/2015

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: Mark J. [Signature]

Date: 4/2/14

Phone #: (508) 270-1400

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 #: _____