



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

PAST DUE

APPLICATION TO RENEW FLAMMABLES LICENSE

**S GILL LLC
DBA SHIELD
620 BROADWAY
SOMERVILLE, MA 02145**

License #: 938
City #F32
Fee: 550.00
Account ID: 746
Reference #: 938

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: SHIELD Business Location: 620 BROADWAY Business Phone: 617-628-9400	
License Holder: S GILL LLC DBA SHIELD 620 BROADWAY SOMERVILLE, MA 02145 617-628-9400	
Mailing Address: S GILL LLC DBA SHIELD 620 BROADWAY SOMERVILLE, MA 02145	
Business Type: CORPORATION (INC. LLC) PRESIDENT - SUKHJINDER GILL SECRETARY - SUKHJINDER GILL TREASURER - SUKHJINDER GILL	
FID: 999999999	
Food Manager/Emergency Contact: SUKHJINDER GILL 617-592-2001	

2014 MAY 29 A 10:29
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Hours: **MO-SU 6 AM - 11 PM**

Description of Location and/or Other Conditions:

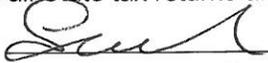
Originally Issued 6/28/1934, Amended 12/11/69, 1/8/87. 35,000 Gals Gasoline; 1,000 Gals Heating Oil; 1,000 Gals Waste Oil; 1,000 Gals Motor Oil, Kerosene; 55 Gals. Anti-Freeze. All Vehicles Shall Be Serviced Inside The Building And Not On Any Public Or Private Way.

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:  Date 5/27/14
Print Name: Sukhjinder S. Gill Phone 617-592-2001



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Somerville Citygo Inc DBA Shild

Address of taxpayer/applicant's business in Somerville: 620 BROADWAY *mini Man*

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

Taxpayer/applicant's phone: day: 781 521 3120 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: _____
2227 # 302051001 # 242 # _____

NOTES:

CLERK'S INITIALS: JK

ORIGINAL STAMP:

4-29-11

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

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: Shield
 Address: 620 Broad Way
 City: Somerville State: MA Zip: 02145 Phone #: 617-592-2001

- 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Public Mutual Ins
 Address: One Park Ave New York
 City: New York State: NY Zip: 10016 Phone #: 781-322-2350
 Policy #: WC # 041578-14 Expiration Date: 6/14/2015

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: 5/27/14
 Print Name: Sukhsinder S Gill

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 _____