



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

2013 MAY 30 A 9:54

**APPLICATION TO RENEW FLAMMABLES LICENSE**

CITY CLERK'S OFFICE  
SOMERVILLE, MA

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

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: *Sukhinder Gill* Date: 5/29/13  
Print Name: SUKHJINDER S. GILL Phone: 617-592-2001

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 Broadway  
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  
City: NEW YORK State: NEW YORK Zip: 10016 Phone #: 781-322-2350  
Policy #: WC-041578-12 Expiration Date: 6/14/2013

**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: 5/12/13  
Print Name: Sukhvirinder 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 \_\_\_\_\_



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING** *DBA Shield*

Exact name of taxpayer/applicant's business: Somerville CITGO INC

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

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

Taxpayer/applicant's phone: day: 617 592 2001 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: \_\_\_\_  
# 2202      # 302051001      # 242      # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** URS

**ORIGINAL STAMP:**



*4-5-13*