



**CITY OF SOMERVILLE**  
Commonwealth of Massachusetts  
93 Highland Avenue  
Somerville, MA 02143  
(617) 625-6600

**RECEIVED**  
FEB 24 2016  
**SPEEDWAY LAW**

2016 FEB 29 P 12:41

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**Application to Renew Flammables License**

**Speedway #02513**  
**Speedway LLC**  
**500 Speedway Drive**  
**Enon OH 45323**

**License #:** BL15-001184  
**File #:** 15-015933  
**Fee:** 605

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)
<b>Business/DBA Name:</b> Speedway #02513 <b>Business Location:</b> 709 MCGRATH HWY <b>Business Phone:</b> 617-628-3871	
<b>License Holder:</b> Speedway #02513 Speedway LLC 500 Speedway Drive Enon OH 45323	
<b>Mailing Address:</b> Speedway #02513 Speedway LLC 500 Speedway Drive Enon OH 45323	
<b>Business Type:</b> LLC T. T. Griffith A. R. Kenny C. M. Palmer	
<b>FID:</b> 311551430	
<b>Emergency Contact:</b> Scott Fleming <b>Phone:</b> 937-863-6624	937-863-6624
<b># of Gallons of Flammables to be Stored:</b> 45950 <b>Describe Flammables to be Stored:</b> Gasoline and Diesel <b>Proposed Hours of Operation:</b> Sun-Mon 6AM-11PM	

**Description of Location and/or Other Conditions:** 1. Operating Hours 6AM-11PM daily. 2. No music played outside at the pumps. 3. Property regularly baited and cleaned, with invoices available for inspection.

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: R L Edmiston Date: 2-25-16

Printed Name: Ronald L. Edmiston Phone: 937-863-7382



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Speedway LLC

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

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

Taxpayer/applicant's phone: day: 937-863-7382 evening: -

I, (print name) Ronald L. Edmiston, 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 25<sup>th</sup> day of February, 2016. R. L. Edmiston  
(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: \_\_\_\_\_

# 9959 # 144005001 # 799 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: PR

ORIGINAL STAMP:

*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: Speedway LLC d/b/a Speedway #02513  
Address: 709 McGarth Hwy  
City: Somerville State: MA Zip: 02145 Phone #: 617-628-3871

- ☒ I am an employer with 8 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 LLC

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Please see attached  
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: Ronald L. Edmiston Date: 2-25-16

Print Name: Ronald L. Edmiston, Treasurer, Speedway LLC

*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)  
6/22/2015

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  
Hylant Group - Cleveland  
6000 Freedom Sq Dr, Ste 400  
Independence OH 44131

CONTACT  
NAME: Melissa Love  
PHONE (A/C, No, Ext): 216-447-1050  
FAX (A/C, No): 216-447-4088  
E-MAIL  
ADDRESS:

INSURER(S) AFFORDING COVERAGE  
INSURER A: Old Republic Insurance Co  
NAIC # 24147

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED  
Speedway LLC  
500 Speedway Drive  
Enon, OH 45323

## COVERAGES

CERTIFICATE NUMBER: 376100608

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	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER					PRODUCTS - COMPROP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		MWC30512700	7/1/2015	7/1/2016	X WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				E L EACH ACCIDENT \$5,000,000
	if yes describe under DESCRIPTION OF OPERATIONS below					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)

## CERTIFICATE HOLDER

Evidence of Insurance - Speedway

## CANCELLATION

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

*Melissa Love*

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