



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

APPLICATION TO RENEW FLAMMABLES LICENSE

**MLM CORP.
TRUM FIELD SUNOCO
541 BROADWAY
SOMERVILLE, MA 02145**

License #: **504**
City #F29
Fee: **550.00**
Account ID: **398**
Reference #: **504**

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: TRUM FIELD SUNOCO Business Location: 541 BROADWAY Business Phone: 781-396-0265	
License Holder: MLM CORP. TRUM FIELD SUNOCO 541 BROADWAY SOMERVILLE, MA 02145 781-396-0265	
Mailing Address: MLM CORP. TRUM FIELD SUNOCO 541 BROADWAY SOMERVILLE, MA 02145	
Business Type: CORPORATION (INC. LLC) PRESIDENT - MICHEL MELHEM SECRETARY - MICHEL MELHEM TREASURER - MICHEL MELHEM	
FID: 043395061	
Food Manager/Emergency Contact: MICHEL MELHEM 617-240-5757	

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

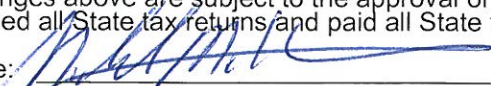
Hours: **MO-SU 5 AM - MIDNIGHT**

Description of Location and/or Other Conditions:

Originally Issued 12/29/1924, Amended 10/22/25, 06/26/45, 10/11/90, 06/10/2004, 4/10/2008. 18,000 Gals. Gasoline. 1,000 Gals. Waste Oil. 1,000 Gals. Fuel Oil. 550 Gals. Motor Oil. 4,000 Gallons Diesel Fuel. 24,000 Gallons Underground, 550 Aboveground.

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: 3/19/17
Print Name: MICHEL MELHEM Phone: 781-396-0265
617-240-5757

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: MLM CORP.
Address: 541 BROADWAY
City: SOMERVILLE State: MA Zip: 02145 Phone #: 781-396-0265

- I am an employer with 4 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 Gas station / Repair shop.

Workers' compensation insurance information (if applicable):

Insurance Company Name: MA Retail Merchants WC Group Inc.
Address: P.O. Box 859222-9222
City: Braintree State: MA Zip: 02185 Phone #: _____
Policy #: 014005032357114 Expiration Date: 1-1-2015

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: 3/20/14
Print Name: MICHEL MELHEM

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

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: MLM CORP.

Address of taxpayer/applicant's business in Somerville: 541 BROADWAY

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

Taxpayer/applicant's phone: day: 781-396-0265 evening: 617-240-5757

I, (print name) MICHEL MELHEM, 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 20 day of MARCH, 20 14. Michel Melhem
(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: _____

2203 # 201 028001 # _____ # _____

NOTES:

CLERK'S INITIALS: PM

ORIGINAL STAMP: 