

APPLICATION FOR EXTENDED OPERATING HOURS

Application Fee \$500.00 _____

Date 3/17/11 _____

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 4-15-11
Amount Paid 500.00 CK

0201420920

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business Name: Hess Corp Phone: 628-3871

Business DBA Name (if applicable): Hess 21521

Address with Zip Code: 709 McGrath Hwy 02145

Tax Identification Number: 13-4921002 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): _____

Address with Zip Code: _____

Property Owner Name: _____

Address with Zip Code: _____

HESS CORPORATION
1 Hess Plaza / J. Flaherty
Woodbridge, NJ 07095
732-750-6350

Emergency Contact 1: William Maldonado - mgr Phone: 617-628-6299

Emergency Contact 2: TOM Galvin - MKT REP Phone: 781-686-5651

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 APR 15 P 12:15

R. J. Lawlor, VP - 1637 Thistlewood Dr
Washington Crossing, PA 18977

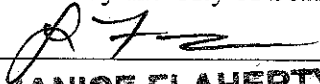
Extended hours requested (include hours of operation and days of week) 24/7

Type of business Gas Station / Convenience Store

Length of time at this location 10 Yrs.

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant:  Date: 3/17/11
Print Name: JANICE FLAHERTY Phone: _____
LICENSE COORDINATOR

POLICE DEPT. (for new applicants or applicants further extending their hours):

The Chief of Police recommends that the application be

- Approved
- Denied

Signature: _____ Name and Title: _____

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Hess Corp

*Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

13-4921002

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

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

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Hess Corp

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

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

Taxpayer/applicant's phone: day: 732-750-6380 evening: _____

I, (print name) RS Lawlor, VP, 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 17 day of

March, 2010. [Signature]
(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: _____
13455155 # 144005001 # 30052442 # _____

NOTES:

CLERK'S INITIALS: UPS

ORIGINAL STAMP:

RECEIVED
Barrows
4-12-11



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: Hess 21521

Address: 709 McGrath Hwy

City/State/Zip: Somerville MA 02145 Phone #: 617-628-3871

Are you an employer? Check the appropriate box:

1. I am an employer with 5-10 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: Liberty Mutual

Insurer's Address: PO Box 3634

City/State/Zip: Bala Cynwyd PA 19004

Policy # or Self-ins. Lic. # WA7-62D-004329-020 Expiration Date: 9/1/11

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: [Signature] Date: 3/17/11

Phone #: 732-750-6350

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 #: _____

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

Date: 9/2/10

PRODUCER
 WILLIS OF NEW YORK, INC.
 ONE WORLD FINANCIAL CENTER
 200 LIBERTY STREET, 6TH FLOOR
 NEW YORK, NY 10281

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A	LIBERTY MUTUAL INSURANCE CO. - NAIC#23043
COMPANY B	LIBERTY MUTUAL FIRE INSURANCE CO. - NAIC#23035
COMPANY C	LIBERTY INSURANCE CORPORATION - NAIC#42404
COMPANY D	

INSURED
 HESS CORPORATION
 AND ITS SUBSIDIARY COS.
 1185 AVENUE OF THE AMERICAS
 NEW YORK, NY 10036

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	EB1-621-004329-060	9/1/2010	9/1/2011	GENERAL AGGREGATE	\$ 5,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$ *4,500,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ *4,500,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ *4,500,000
	<input checked="" type="checkbox"/> SIR - \$500,000				FIRE DAMAGE (Any One Fire)	\$
					MED EXP (Any One Person)	\$
B	AUTOMOBILE LIABILITY	AS2-621-004329-010	9/1/2010	9/1/2011	COMBINED SINGLE LIMIT	\$ 5,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per Person)	\$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per Accident)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
<input checked="" type="checkbox"/> SEE BELOW						
	GARAGE LIABILITY				AUTO ONLY -EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WA7-62D-004329-020	9/1/2010	9/1/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH -ER
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT	\$ 5,000,000
					EL DISEASE-POLICY LIMIT	\$ 5,000,000
					EL DISEASE-EA EMPLOYEE	\$ 5,000,000
OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 ALL OPERATIONS OF THE INSURED AND ALL OWNED, HIRED AND NON-OWNED VEHICLES
 * ABOVE LIMITS OF LIABILITY APPLY EXCESS OF A \$500,000 SELF INSURED RETENTION

CERTIFICATE HOLDER
 ---For Evidence of Insurance Only---

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
