

NOTE: COMPLETE FORM AND FOWARD WITH FEE TO CITY CLERK' OFFICE.
DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFTY.

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION
1010 COMMONWEALTH AVE. BOSTON

RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE

In accordance with the provisions of Chapter 148, Section 13, of the General Laws, the undersigned hereby certifies that:

CHARLES J. UGLIETTO

21 EDMUNDS WAY

BELMONT

MA 02478 4444

Lic#: F-2012-165

B.O.A.#:

Fee: \$550.00

Restricted to: 16,800 Gallons Total

Restricted as follows;

16,800 GALS. FUEL OIL ABOVEGROUND

Is the holder of the license originally granted 12/10/1992 for the lawful use of the building (s) or other structure (to be situated or to be situated at 00020 MEDFORD ST as related to the KEEPING, STORAGE, MANUFACTURE, OR SALE OF FLAMMABLES OR EXPLOSIVES. City of Somerville.

Note: This Certificate of Registration must be signed by the holder of the license if said license was granted prior to July 1, 1936, otherwise by the owner or occupant of the land licensed.

KINDLY CORRECT ANY ERRORS LISTED ON OUR CURRENT RECORDS ABOVE, AND COMPLETE THE LOWER SECTION OF THIS RENEWAL APPLICATION.

Company Name: CUBBY OIL CO., INC. TEL: 617-876-1885
Company Address: 00020 MEDFORD ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: Co: Corp: X Trust: Agency Ship Other Gov't Partner

Owner Name: CHARLES J. UGLIETTO TEL: 617-484-1826
Owner Address: 21 EDMUNDS WAY

Owner City: BELMONT State: MA Zip: 02478
FID#: 042212270

This Application must be signed and filed with the required fee no later than April 30, 2012. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by 04/30/2012 please advise this office at once.

This renewal application must be signed by the holder of the license.

Check One: Owner Occupant Holder ✓

Charles J. Uglietto

Signature of Applicant

21 Edmunds Way

Address

Belmont, MA 02478
City State Zip

** Office Use Only **

Mailed

Taken

Received:

City Clerk

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business:	<u>Cubby Oil Co., Inc</u>
Somerville Address and Zip Code:	<u>20 MEDFORD ST. 02143</u>
Phone Number of the Business:	<u>617-876-1885</u>

The Legal Name of the License Holder:	<u>CHARLES J. UGLIETTO</u>
Street Address of the License Holder:	<u>21 EDMUNDS WAY</u>
City, State and Zip Code of the License Holder:	<u>BELMONT, MA 02478</u>
Phone Number of the License Holder:	<u>617-549-0025</u>
Email Address of the License Holder:	<u>CHARLIE C CubbyOil.COM</u>

Where We Should Send Mail: Name:	<u>CHARLES J. UGLIETTO</u>
Street Address:	<u>21 EDMUNDS WAY</u>
City, State and Zip Code:	<u>BELMONT, MA 02478</u>
Email:	<u>CHARLIE C CubbyOil.COM</u>
Phone Number:	<u>617-876-1885</u>

Federal ID # (Do Not Give a Social Security #):	<u>042212270</u>
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Emergency Contact and Phone (For Fire Dept. Use):	<u>617-549-0025</u>
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Type of Business (Check Only One and Give the Names Indicated):
<input type="checkbox"/> Sole Proprietor: Name of Owner: _____
<input type="checkbox"/> Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
<input type="checkbox"/> Trust: Names of All Trustees Who Own More Than 10%: _____
<input checked="" type="checkbox"/> Corporation (inc. LLC): Name of President: <u>CHARLES J. UGLIETTO</u>
Name of Secretary: _____
Name of Treasurer: <u>ANTHONY J. UGLIETTO</u>
Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Charles J. Uglietto Date 4/7/12

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.

Cubby Oil Co. Inc

* Signature of Individual or Corporate Name (Mandatory)

Charles J. Uglietto - President

By: Corporate Officer (Mandatory, if a corporation)

042212270

** 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: Cubby Oil Co., Inc

Address of taxpayer/applicant's business in Somerville: 20 MEAFORD ST.

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

Taxpayer/applicant's phone: day: 617-876-1885 evening: 617-549-0025

I, (print name) CHARLES J. UGLIETTO, 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 7th day of

April, 2012. Charles J. Uglietto
(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: _____

21683046 # 124001021 # 803 # _____

NOTES: 9716

CLERK'S INITIALS: Q

ORIGINAL STAMP:





The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street, 7th Floor
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information

Please PRINT legibly

name: Cubby Oil Co. Inc
address: 20 MESFORD ST.
city: SOMERVILLE state: MA zip: 02143 phone # 617-876-1885

work site location (full address):

- ☐ I am a sole proprietor and have no one working in any capacity. Business Type: ☐ Retail ☐ Restaurant/Bar/Eating Establishment
☐ Office ☐ Sales (including Real Estate, Autos etc.)
☒ I am an employer with 25 employees (full & part time). ☒ Other Fuel Oil + HVAC SALES + SERVICE
☒ I am an employer providing workers' compensation for my employees working on this job.

company name: Cubby Oil Co. Inc
address: 20 MESFORD ST.
city: SOMERVILLE, MA 02143 phone #: 617-876-1885
insurance co. Liberty Mutual policy # WC1-315-333642-331

☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: _____
address: _____
city: _____ phone #: _____
insurance co. _____ policy # _____

company name: _____
address: _____
city: _____ phone #: _____
insurance co. _____ policy # _____

Attach additional sheet if necessary

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 Charles J. Uglietto Date 4/7/12
Print name CHARLES J. UGLIETTO Phone # 617-876-1885

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____
☐ check if immediate response is required
contact person: _____ phone #: _____

- ☐ Building Department
☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other _____

(revised Sept. 2003)