

TRANSFER OF STORAGE OF FLAMMABLES LICENSE

Nonrefundable Application Fee \$165.00

Date 02/09/2016

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

☒ New Application with NO Change in Quantity *For the storage of* 32,000 *Gallons*

Business (DBA) Name: Blue Hills Fuels, LLC. Phone: 617-531-6300

Business Location in Somerville (with Zip Code): 212 Broadway Avenue, 02143

Applicant's Federal Employer Identification Number: 474377302

Applicant's Legal Name: Blue Hills Fuels, LLC.

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

Mailing Address (with Zip Code): 200 Clarendon Street, 55th Floor, Boston, MA. 02116

Emergency Contact: Elisabeth Wallace Phone: 617-531-6302

Type of Business (Check Only One and Provide the Names Indicated):

 Sole Proprietor: Name of Owner: _____

 Partnership (inc. LLP): Name of Partnership: _____

Names of All Partners Who Own More Than 10%: _____

 Trust: Name of Trust: _____

Names of All Trustees Who Own More Than 10%: _____

 Corporation: Name of Corporation: _____

Name of President: _____

Name of Secretary: _____ Name of Treasurer: _____

☒ **LLC:** Name of LLC: Blue Hills Fuels, LLC.

Names of All Managers Who Own More Than 10%: Blue Hills Fuels, LLC. is a subsidiary of ArcLight Energy Partners Fund VI, L.P.

 Other (Attach a Description of the Form of Ownership and the Names of Owners)

2016 FEB 22 A 8:38
CITY CLERK'S OFFICE
SOMERVILLE, MA

Will you be selling gasoline via self-service pumps? Y ☒ N ☐

Have you ever obtained a storage of flammables license before? Y ☐ N ☒

If yes, list year, city and state _____

Have you ever been denied a storage of flammables license? Y ☐ N ☒

If yes, list year, city and state _____

Have you ever had a storage of flammables license revoked or suspended? Y ☐ N ☒

If yes, list year, city and state _____

Describe all of the premises to be used in the business: Building structure shall be used as a convenience store. Outside areas, including the canopy and fuel islands, shall be a retail seller of fuel.

Describe your hours of operation: Monday through Saturday: 6:00 AM to Midnight
Sunday: 6:00 AM to 10:00 PM

Describe what materials you will be storing, and for what purpose Gasoline will be stored in order to be utilized for the retail sale of fuel.

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 only be effective for the listed location, will expire on April 30, and 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. 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.

Signature of Applicant:  Date Feb. 17, 2016

Print Name: Theodore D. Burke



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Blue Hills Fuels, LLC.

Address of taxpayer/applicant's business in Somerville: 212 Broadway Avenue

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

Taxpayer/applicant's phone: day: 617-531-6300 evening: 617-531-6300

I, (print name) Ted Burke, Secretary of Blue Hills Fuels, LLC, 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 17th day of

February, 2016. X [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: _____

_____ # _____ # _____ # _____

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP:

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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Blue Hills Fuels, LLC.

Address: 200 Clarendon Street, 55th Floor

City: Boston State: MA Zip: 02116 Phone #: 617-531-6300

- | | |
|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: <input checked="" type="checkbox"/> Retail |
| <input checked="" type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input type="checkbox"/> Nonprofit |
| | <input type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Health Care |
| | <input type="checkbox"/> Other _____ |

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

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: X Theodore D. Burke Date: Feb. 17, 2016

Print Name: Theodore D. Burke

Official use only. Do not write in this area. To be completed by city or town official.

| | | |
|-----------------------|-------------------------|--|
| City or Town: _____ | Permit/License #: _____ | <input type="checkbox"/> Board of Health |
| | | <input type="checkbox"/> Building Department |
| | | <input type="checkbox"/> City/Town Clerk |
| | | <input type="checkbox"/> Licensing Board |
| | | <input type="checkbox"/> Selectmen's Office |
| Contact Person: _____ | Phone #: _____ | <input type="checkbox"/> Other _____ |

GUIDE TO TRANSFERRING A STORAGE OF FLAMMABLES LICENSE

A license must be obtained upon the transfer of a license for the storage of flammables. Licensure is valid from the date of the license through the following April 30. Contact the City Clerk (617 625-6600 x4100) if you have any questions about the application process. The nonrefundable application fee is \$165.00.

To complete the application:

1. Fill in the Flammables License Application and sign the Acknowledgment. Fill in and sign the top half of the Certificate of Good Standing. Fill in and sign the Workers' Compensation Insurance Affidavit.
2. Proceed to the Treasury to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing, as follows:

| | |
|--------------------------------|-------------------------------------|
| Treasury | Monday–Wednesday, 8:30 AM – 4:00 PM |
| 93 Highland Avenue (City Hall) | Thursday, 8:30 AM – 7:00 PM |
| 617 625-6600 x3500 | Friday, 8:30 AM – 12:00 PM |
3. Return all materials to the City Clerk's Office, 93 Highland Avenue, Somerville, MA, 02143. The City Clerk will submit the Application to the Board of Aldermen. You do not need to be present. The Board usually meets on the 2nd and 4th Thursday of the month. Following Board approval, the Mayor has up to ten days to sign off on the application, before the license can be issued. The City Clerk will notify you of the Board of Aldermen's decision.