

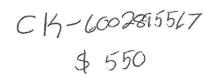
SUNOCO, INC.

LESTER, PA 19029

AIRPORT BUSINESS COMPLEX 10 INDUSTRIAL HWY, NORTH LOOP

CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600



APPLICATION TO RENEW FLAMMABLES LICENSE

License #:

514

Fee:

City #F84 550.00

Account ID:

410

Reference #:

514

Review and update the information below. <u>If you have workers compensation insurance</u>, 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: For SUNOCO SERVICE STATION #0005 Business Location: 434 MCGRATH HWY Business Phone: 617-591-0317	-2175
License Holder: SUNOCO SERVICE STATION #0005-2175 434-450 MCGRATH HWY SOMERVILLE, MA 02143 617-591-0317	2013 APR 119 CITY CLER SOMERY
Mailing Address: SUNOCO, INC. 10 INDUSTRIAL HWY, NORTH LOOP LESTER, PA 19029	S D D
Business Type: CORPORATION (INC. LLC) PRESIDENT - UNKNOWN SECRETARY - UNKNOWN	CE III
FID: 231743283	
Food Manager/Emergency Contact: UNKNOWN	,

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 3/2/1959, Amended 01/26/84, 9/24/96. 24,000 Gals. Gasoline Self Service Pumps. 8,000 Gals. Diesel. 280 Gals. Waste Oil Aboveground. 1,100 Gals. Oil & Grease.

 -All information she -Any changes abo 	der the penalties of pe own above is true and ve are subject to the a ite tax returns and paid	accurate.	D OF AL	.DERME	EN. is business.	
Signature:	Kathleen M	Melaner		Date _ Phone	3/29/13	_
	Gempliano	e Coordinator				

Sunoco Hooos-2175
H34 MCGRAth Hwy
The Commonwealth of Massachusetts Somerville, MA
Department of Industrial April 1

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

Workers' Compensation Insurance Affidavit-General Business

* ***		Karana and a same and
Applicant information:	Sunoco, Inc. (R&M)	
Name:	Airport Business Complex - Building G	
A ddwogo;	10 Industrial Hwy, North Loop Rd. Attn: Kathleen McCaney – 2nd Floor	
Address:	Lester, PA 19029	ip: Phone #: 610 - 833 - 376
City:		_ip: Phone #: Ψ 10 0 0 0 0
☐ I am an employer with (full and/or part time). ☐ I am a sole proprietor of employees. ☐ We are a corporation the exemption per c152 s10 ☐ We are a nonprofit orgovolunteers and have no	or partnership and have no nat has exercised our right of (4), and have no employees. anization staffed by	Retail Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Entertainment Manufacturing Health Care Other TEMP out of Service (See attached)
		(See attached)
Workers' compensation	insurance information (if applicable):	
Insurance Company Name		
Address:		
City	State:	Zip: Phone #:
City:		Expiration Date:
Policy #:		Expiration Date.
Applicant certification:		
to \$1,500.00 and/or one y \$100.00 a day against me. for coverage verification.	rears' imprisonment as well as civil penalties I understand that a copy of this statement may	an lead to the imposition of criminal penalties of a fine up in the form of a STOP WORK ORDER and a fine of be forwarded to the Office of Investigations of the DIA
I do hereby certify under t	the pains and penalties of perjury that the info	ormation provided above is true and correct.
Signature: Ka	the McCaney	Date:
	Kathleen Miccarry	
Print Name:	Compliance Coordinator	
7, 110		
0	fficial use only. Do not write in this area. To be o	completed by city or town official.
10	Permit/License #:	☐ Board of Health ☐ Building Department ☐ City/Town Clerk ☐ Licensing Board
		Selectmen's Office Other
Contact Person:	Phone #:	



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business:	1101 1160 AD 11. 7
Exact name of taxpayer/applicant's business. Address of taxpayer/applicant's business in Somervi	Sunoco, Inc.
Address of taxpayer/applicant's home in Somerville	: Airport Business Complex 10 Industrial Hwy, North Loop Road
I, (print name) Pame la Burgio Darles hereby certify that all the information contained he due the City have been paid or that the Taxpayer hand fees and is current on said agreement.	has entered into an agreement to pay all taxes
SIGNED UNDER THE PAINS AND PENALTIN	ES OF PERJURY, this 7 day of
SIGNED UNDER THE PAINS AND PENALTH	(Taxpayor's signature)
CITY'S ACKNOW	LEDGEMENT
DATE OF ISSUANCE: INCLUDE	S RELEVANT POSTINGS THROUGH:
TAXES AND ACCOUNT NUMBER(S) INCLU	DED IN CERTIFICATE:
☐ Real Estate ☐ Water/Sewer	☐ Personal Property ☐ Other:
# 9688 # 118041001	# 795 #
NOTES: CLERK'S INITIALS:	ORIGINAL STAMP: RECEIVED Banans 11-17-13
	4





CITY OF SOMERVILLE, MASSACHUSETTS FIRE DEPARTMENT

JOSEPH A. CURTATONE MAYOR

RECEIVED

MAR 2 7 13

Environmental
Compliance Depr

WILLIAM HALLINAN Deputy Chief

03/19/2013

Sunoco, Inc. (R&M) Airport Business Complex 10 Industrial Hwy – Bldg G N.Loop Rd. – 2W167 Lester, PA. 19029

Dear Ms. McCaney

I received and reviewed your letter of 3/5/2013 regarding the extension of the temporary out of service for the UST's. We have no issue of extending your out of service status at this time. We do request the date of sale and transfer of the property. Additionally we would like to know if it will remain a dispensing service station or will the property be used for something different.

Thank you for clearing up the UST's material make-up. The fiberglass composition satisfies the 2017 removal requirement, however, should the occupancy of the property change, we will have to deal with the removal of the (4) 8K UST's.

Sincerely

Lt Robert MacLaughlan

Somerville Fire Dept/Compliance

P-617-625-6600 x8404

F-617-666-4597

