



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

CK-6002815567

\$ 550

**APPLICATION TO RENEW FLAMMABLES LICENSE**

**SUNOCO, INC.**  
**AIRPORT BUSINESS COMPLEX**  
**10 INDUSTRIAL HWY, NORTH LOOP**  
**LESTER, PA 19029**

License #: 514

City #F84

Fee: 550.00

Account ID: 410

Reference #: 514

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: For <b>SUNOCO SERVICE STATION #0005-2175</b>	
Business Location: <b>434 MCGRATH HWY</b>	
Business Phone: <b>617-591-0317</b>	
License Holder: <b>SUNOCO SERVICE STATION #0005-2175</b> <b>434-450 MCGRATH HWY</b> <b>SOMERVILLE, MA 02143</b> <b>617-591-0317</b>	
Mailing Address: <b>SUNOCO, INC.</b> <b>10 INDUSTRIAL HWY, NORTH LOOP</b> <b>LESTER, PA 19029</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - UNKNOWN</b> <b>SECRETARY - UNKNOWN</b>	
FID: <b>231743283</b>	
Food Manager/Emergency Contact: <b>UNKNOWN</b>	

2013 APR 18 P 12:14  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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.**

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: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Kathleen McCansy**  
**Compliance Coordinator**

3/29/13

617-833-3761

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

*Sunoco #0005-2175*  
*434 McGrath Hwy*  
*Somerville, MA*

**Workers' Compensation Insurance Affidavit - General Business**

**Applicant information:**

Name: Sunoco, Inc. (R&M)  
Airport Business Complex - Building G  
10 Industrial Hwy, North Loop Rd.  
Address: Attn: Kathleen McCaney - 2nd Floor  
Lester, PA 19029  
City: \_\_\_\_\_

ip: \_\_\_\_\_

Phone #: 610-833-3761

- ☐ I am an employer with \_\_\_\_\_ 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 TEMP out of Service  
(see attached)

**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: \_\_\_\_\_

Date: 3/25/13

Print Name: \_\_\_\_\_

Kathleen McCaney  
Compliance Coordinator

*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 \_\_\_\_\_





Sunoco#0005-2175

City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: \_\_\_\_\_

Address of taxpayer/applicant's business in Somerville: 434 McGee Hwy

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_  
Sunoco, Inc.  
Airport Business Complex  
10 Industrial Hwy, North Loop Road

Taxpayer/applicant's phone: day: \_\_\_\_\_ evening: \_\_\_\_\_  
Building G - 2nd Floor  
Lester, PA 19029

I, (print name) Pamela Burgis Darley, 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 9<sup>th</sup> day of April, 2013. Pamela Burgis Darley  
(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: \_\_\_\_\_

# 9688 # 118041001 # 795 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



RECEIVED  
Barrows  
4-17-13



0605-2175

CITY OF SOMERVILLE, MASSACHUSETTS  
*FIRE DEPARTMENT*

JOSEPH A. CURTATONE  
MAYOR

RECEIVED

MAR 27 13

Environmental  
Compliance Dept.

*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*

Lt Robert MacLaughlan  
Somerville Fire Dept/Compliance  
P-617-625-6600 x8404  
F-617-666-4597



1 FRANEY ROAD • SOMERVILLE, MASSACHUSETTS 02144  
(617) 623-1700 EXT. 8400 • TTY: (866) 808-4851 • FAX: (617) 666-4597  
EMAIL: [whallinan@somervillema.gov](mailto:whallinan@somervillema.gov) • [www.somervillema.gov](http://www.somervillema.gov)