



**CITY OF SOMERVILLE**  
Commonwealth of Massachusetts  
93 Highland Avenue  
Somerville, MA 02143  
(617) 625-6600

2016 MAR 21 P 1:51

**Application to Renew Flammables License**

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**Somerville Gas & Service, Inc.**  
**21 Edmunds Way**  
**Belmont MA 02478**

**License #:** BL15-001185  
**File #:** 15-017009  
**Fee:** 605

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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES:</b> (Note below or explain on a separate sheet)
<b>Business/DBA Name:</b> Somerville Gas and Service <b>Business Location:</b> 16 MEDFORD ST <b>Business Phone:</b> (617) 876-1885	
<b>License Holder:</b> Somerville Gas & Service, Inc. 21 Edmunds Way Belmont MA 02478	
<b>Mailing Address:</b> Somerville Gas & Service, Inc. 21 Edmunds Way Belmont MA 02478	
<b>Business Type:</b> Corporation Charles Uglietto Charles Uglietto Charles Uglietto	
<b>FID:</b> 465676469	
<b>Emergency Contact:</b> Charles Uglietto <b>Phone:</b> 617-549-0025	
<b># of Gallons of Flammables to be Stored:</b> 18000 <b>Describe Flammables to be Stored:</b> Gasoline <b>Proposed Hours of Operation:</b> Sun-Sat, 5 AM - Midnight	

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: Charles J. Uglietto Date: 3/17/16

Printed Name: CHARLES J. UGLIETTO Phone: 617-549-0025



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: SOMERVILLE GAS + SERVICE, INC

Address of taxpayer/applicant's business in Somerville: 16 MEDFORD 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. UGLIERO, 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<sup>th</sup> day of March, 20 16. Charles J. Ugliero  
(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: \_\_\_\_\_

# 10029      # 124001011      # 802      # \_\_\_\_\_ ✓

**NOTES:**

**CLERK'S INITIALS:** [Signature]

**ORIGINAL STAMP:** received  
3-21-16

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

Workers' Compensation Insurance Affidavit - General Business

**Applicant information:**

Name: SOMERVILLE GAS + SERVICE, INC.  
Address: 16 MEDFORD ST.  
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-492-9028  
 I am an employer with 42 employees (full and/or part time). Business Type:  Retail  
 I am a sole proprietor or partnership and have no employees.  Restaurant/Bar/Eating Establishment  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  Office and/or Sales (real estate, auto, etc.)  
 We are a nonprofit organization staffed by volunteers and have no employees.  Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other \_\_\_\_\_

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: LIBERTY MUTUAL FIRE INSURANCE  
Address: 141 CONGRESS ST.  
City: BOSTON State: MA Zip: 02110 Phone #: 617-451-2009  
Policy #: WC2-315-333442-334 Expiration Date: 11/1/2017

**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: Chas J. Uglietto Date: 3/17/16  
Print Name: CHARLES J. UGLIETTO

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 \_\_\_\_\_



