

CITY OF SOMERVILLE

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

2016 MAR 21 1P 1:51

Application to Renew Flammables License . 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. <u>If you have workers compensation insurance</u>, <u>attach proof showing the insurer and policy number</u>. 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: Somerville Gas and Service Business Location: 16 MEDFORD ST Business Phone: (617) 876-1885	
License Holder: Somerville Gas & Service, Inc. 21 Edmunds Way Belmont MA 02478	
Mailing Address: Somerville Gas & Service, Inc. 21 Edmunds Way Belmont MA 02478	
Business Type: Corporation Charles Uglietto Charles Uglietto Charles Uglietto	
FID: 465676469	
Emergency Contact: Charles Uglietto Phone: 617-549-0025	
# of Gallons of Flammables to be Stored: 18000 Describe Flammables to be Stored: Gasoline Proposed Hours of Operation: Sun-Sat, 5 AM - Midnight	

I hereby certify under the pen	alties of perjury that the following is true:
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- -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: Mand July Date: 3/17/16

Printed Name: CHARLES T. MGUETTO Phone: (417-549-0025



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Somoville GAS+ Sorvice 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) Cthaces J. UGLicoo , 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 day of				
MarcH	, 20 16 .	Charles (Taxpayer's sig	bo	
		(Taxpayer's sig	nature)	
CITY'S ACKNOWLEDGEMENT				
DATE OF ISSUANCE: _	INCLUD	ES RELEVANT POSTINGS THRO	OUGH:	
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:				
☐ Real Estate	□Water/Sewer	☐ Personal Property	☐ Other:	
# 10029	#124001011	# 802	#	
NOTES:				
CLERK'S INITIALS: _		ORIGINAL STAMP:	13-2F16	

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 MENGER St.			
City: SomewillE State: DA	Zip: 02143 Phone #: 617-492-9028		
I am an employer with 42 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 Other			
Workers' compensation insurance information (if applicable):	Test and the first		
Address: 141 CONGRESS St.	INSURBANCE		
City: BOSTON State: MA	Zip: 02110 Phone #: 617-451-2009		
Policy #: WC2 - 315 - 333 642 - 334	Expiration Date: //// 2017		
Applicant certification:			
Failure to secure coverage as required under Section 25A of MGL 152 ca to \$1,500.00 and/or one years' imprisonment as well as civil penalties \$100.00 a day against me. I understand that a copy of this statement may for coverage verification.	in the form of a STOP WORK ORDER and a fine of		
I do hereby certify under the pains and penalties of perjury that the infor	mation provided above is true and correct.		
Signature: Chas July	Date: 3/17/116		
Print Name: CHARLES T. UGLICITO			
Official use only. Do not write in this area. To be co	ompleted by city or town official.		
City or Town: Permit/License #:	Building Department		
Contact Person: Phone #:			

(revised Jan. 2008)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/14/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MINUTEMAN INS AGCY	CONTACT NAME:			
ONE BURLINGTON WOODS DRIVE	PHONE FAX (A/C, No.):			
SUITE 203 BURLINGTON, MA 01803	E-MAIL ADDRESS:			
BONEING TON, MA 01003	INSURER(S) AFFORDING COVERAGE NAIC #			
	INSURER A: Liberty Mutual Fire Insurance 33600			
INSURED	INSURER B:			
GENESIS HR SOLUTIONS INC	INSURER C:			
1 BURLINGTON WOODS DRIVE SUITE 203 BURLINGTON MA 01803	INSURER D :			
BONEINO FOR INA CTOSS				
	INSURER E :			
COVERAGES CERTIFICATE NUMBER: 27618375	INSURER F: REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.				
INSR ADDLISUBR	POLICY EFF POLICY EXP			
LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER COMMERCIAL GENERAL LIABILITY	The state of the s			
	EACH OCCURRENCE \$ DAMAGE TO RENTED			
CLAIMS-MADE OCCUR	PREMISES (Ea occurrence) S			
	MED EXP (Any one person) \$			
	PERSONAL & ADV INJURY S			
GEN'L AGGREGATE LIMIT APPLIES PER:	GENERAL AGGREGATE \$			
POLICY PRO- JECT LOC	PRODUCTS - COMP/OP AGG \$			
OTHER	COMBINED SINGLE LIMIT &			
AUTOMOBILE LIABILITY	(Ea accident)			
ANY AUTO ALL OWNED SCHEDULED	BODILY INJURY (Per person) \$			
AUTOS AUTOS NON-OWNED	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE			
HIRED AUTOS AUTOS	(Per accident)			
	\$			
UMBRELLA LIAB OCCUR	EACH OCCURRENCE \$			
EXCESS LIAB CLAIMS-MADE	AGGREGATE \$			
DED RETENTION \$	s			
A WORKERS COMPENSATION WC2-31S-333642-336	1/1/2016 1/1/2017 / PER OTH-			
ANY PROPRIETOR/PARTNER/EXECUTIVE	E.L. EACH ACCIDENT \$ 1000000			
(Mandatory in NH)	E.L. DISEASE - EA EMPLOYEE'S 1000000			
If yes, describe under DESCRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT \$ 1000000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedu	le, may be attached if more space is required)			
Workers compensation insurance coverage applies only to the workers compensation laws of the state of MA. This certificate cancels and supersedes all previously issued certificates, only as they relate to workers' compensation coverage COVERAGE APPLIES TO EMPLOYEES LEASED TO: CUBBY OIL CO INC - 20 MEDFORD STREET - SOMERVILLE MA 02143				
CERTIFICATE HOLDER	CANCELLATION			
CUBBY OIL CO., INC. 20 MEDFORD STREET SOMERVILLE MA 02143	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
AUTHORIZED REPRESENTATIVE / 0 // CO /				
	1. Jeffrey Eldridge			
Liberty Mutual Fire Insurance				

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