

NOTE: COMPLETE FORM AND FOWARD WITH FEE TO CITY CLERK' OFFICE.
DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFTY.

\$500.00

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION
1010 COMMONWEALTH AVE. BOSTON

2010 APR - 6 12:42

RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE

In accordance with the provisions of Chapter 148, Section 13, of the General Laws, the undersigned hereby certifies that:

MLM CORP.
541 BROADWAY
SOMERVILLE MA 02144 4444

Lic#: F-2010-029
B.O.A.#: 176773
Fee: \$500.00

Restricted to: 24,550 Gallons Total
Restricted as follows;

AMENDED 10/22/25, 06/26/45 AMENDED 10/11/90
18,000 GALS. GASOLINE TRANSFER 2 EXISTING FULL SERVICE PUMPS -
550 GALS. WASTE OIL TO SELF SERVICE PUMPS -
550 GALS. FUEL OIL AMENDMENT:BOA #285405,DATED 4/10/2008 FOR -
600 GALS. MOTOR OIL 4,000 GALLONS OF DIESEL FUEL. -
400 GALS. ANTI-FREEZE

AMENDED 06/10/2004 20,000 GALLONS UNDERGROUND, 550 ABOVEGROUND
SEE ATTACHED CONDITIONS

Is the holder of the license originally granted 12/29/1924
for the lawful use of the building (s) or other structure (s) situated or
to be situated at 00541 BROADWAY
as related to the KEEPING, STORAGE, MANUFACTURE, OR SALE OF FLAMMABLES OR
EXPLOSIVES. City of Somerville.

Note: This Certificate of Registration must be signed by the holder of the
license if said license was granted prior to July 1, 1936, otherwise by the
owner or occupant of the land licensed.

KINDLY CORRECT ANY ERRORS LISTED ON OUR CURRENT RECORDS ABOVE,
AND COMPLETE THE LOWER SECTION OF THIS RENEWAL APPLICATION.

Company Name: MLM CORP. D/B/A TRUM FIELD SUNOCO TEL: 781-396-0265
Company Address: 00541 BROADWAY

City: SOMERVILLE State: MA Zip: 02144

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Ship ___ Other ___
Gov't Partner

Owner Name: MLM CORP. TEL: 781-396-0265
Owner Address: 541 BROADWAY

Owner City: SOMERVILLE State: MA Zip: 02144
FID#: 043395061

This Application must be signed and filed with the required fee no later than
April 30, 2010. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by
04/30/2010 please advise this office at once.

This renewal application must be signed by the holder of the license.

Check One: Owner ✓ Occupant ___ Holder ___

Michael McNeil
Signature of Applicant

541 BROADWAY
Address

Somerville MA 02145
City State Zip

** Office Use Only **
Mailed _____
Taken _____
Received: _____
City Clerk

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: MLM Corp dba Trum Field SOWCO
Address: 541 Broadway
City: Somerville State: MA Zip: 02145 Phone #: 781-396-0265

- I am an employer with 4 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 Gas station and a repair shop.

Workers' compensation insurance information (if applicable):

Insurance Company Name: MA Retail Merchants WC Group Inc.
Address: 10 British AMERICAN Blvd.
City: Latham State: NY Zip: 12110 Phone #: 800-211-4217
Policy #: 014005032357110 Expiration Date: 1-1-2011

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: Michel Melkem Date: 2-4-5-2010
Print Name: MICHEL MELKEM

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

- Exact name of taxpayer/applicant's business: MLM Corp dba Trumfeld sonoco
- Address of taxpayer/applicant's business in Somerville: 541 BROADWAY
- Address of taxpayer/applicant's home in Somerville: _____
- Taxpayer/applicant's phone: day: 781-396-0265 evening: 617-240-5757

I, Michel Melhew, 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 5th day of April, 2010. Michel Melhew
(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: _____

19655151 # 201028001 NO Acc'ts # _____

NOTES:

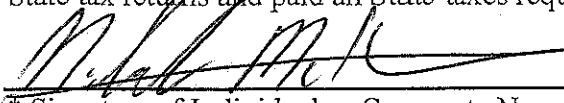
CLERK'S INITIALS: A

ORIGINAL STAMP: **received**
A 4/6/10

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

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.



MICHEL MELHEM

* Signature of Individual or Corporate Name (Mandatory)

MICHEL MELHEM

By: Corporate Officer (Mandatory, if a corporation)

043-395-061

** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.