

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

THE COMMONWEALTH OF MASSACHUSETTS

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

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:

A.L. PRIME ENGERY/BRIAN SHANNON
319 SALEM STREET
WAKEFIELD MA 01880 4444

Lic#: F-2011-134
B.O.A.#: 187386
Fee: \$500.00

Restricted to: 20,000 Gallons Total

Restricted as follows;

AMENDED 05/28/70 - STORAGE AND SALE, AMENDED 5/28/87 BOA # 147340
20,000 GALS. UNDERGROUND GASOLINE, 500 GALS. ABOVEGROUND GASOLINE,
1,000 GALS WASTE OIL. CONDITIONS: VEHICLES SERVICED INSIDE THE BUIDLING
NOT ON ANY PUBLIC OR PRIVATE WAY. 2. ALL VEHICLES STORED WITHIN PROPERTY
LINES 3. PARKING NO BLOCKING OF THE SIDEWALK OR ANY PUBLIC WAY, INCLUDING
DURING SNOW REMOVAL 4 SPRAYING PAINTING NOT ALLOWED 5. AUTO BODY NOT
ALLOWED 6. NO WASHING OF VEHICLES OUTSIDE THE LICENSE BUILDING. 7 HOURS
OF OPERATION AS PREVIOUSLY LICENSED SEE ATTACHED CONDITIONS

Is the holder of the license originally granted 02/17/2005
for the lawful use of the building (s) or other structure (s) situated or
to be situated at 00073 SUMMER ST
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: A.L. PRIME ENGERY TEL: 781-246-0201
Company Address: 00073 SUMMER ST

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: A.L. PRIME ENGERY/BRIAN SHANNON TEL: 781-246-0201
Owner Address: 319 SALEM STREET

Owner City: WAKEFIELD State: MA Zip: 01880
FID#: 043113749

This Application must be signed and filed with the required fee no later than
April 30, 2011. The responsibility for filing on time is your's.
If the renewal application is not returned to the City Clerk's Office by
04/30/2011 please advise this office at once.
This renewal application must be signed by the holder of the license.

Check One: Owner Occupant ✓ Holder ___

[Signature]
Signature of Applicant

319 SALEM ST.
Address

WAKEFIELD MA 01880
City State Zip

** Office Use Only **

Mailed ___

Taken ✓

Received: 3/31/11 -ms

\$500.00 ck# 70349

City Clerk

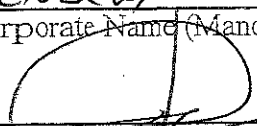
MASSACHUSETTS DEPARTMENT OF REVENUE

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.

A.L. PRIME ENERGY

* Signature of Individual or Corporate Name (Mandatory)


By: Corporate Officer (Mandatory, if a corporation)

04-3113749

** 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.



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: A.L. PRIME ENERGY

Address of taxpayer/applicant's business in Somerville: 73 SUMMER ST.

Address of taxpayer/applicant's home in Somerville: 319 SALEM ST. WAKEFIELD MA 01880

Taxpayer/applicant's phone: day: (781) 246-0201 ^{x202} evening: (617) 212-3551

I, (print name) A.L. PRIME ENERGY, 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 28 day of MARCH, 2011. [Signature] V.P.
(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: _____

01025100

24807700

00011147

received

NOTES:

CLERK'S INITIALS: 1

ORIGINAL STAMP:

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143
(617) 625-6600 EXT. 3500 • TTY: (866) 808-4851 • FAX: (617) 666-9682
WWW.SOMERVILLEMA.GOV

Not Responsible
Not Property
owner
MS
3/31/11



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Print Form

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: A.L. PRIME ENERGY

Address: 319 SALEM ST.

City/State/Zip: WAKEFIELD MA 01880 Phone #: (781) 246-0201 X 202

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 150 employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☒ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: ACE PROPERTY & CASUALTY

Insurer's Address: 50 PROSPECT ST.

City/State/Zip: WALTHAM MA 02453

Policy # or Self-ins. Lic. # C 45881416 Expiration Date: 12/01/2011

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____

Date: 3/28/2011

Phone #: (781) 246-0201 X 202

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____