

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:

ATTN: ECLIPSE DIVISION CUMBERLAND FARMS, INC.

Lic#: F-2012-026

588 SILVER STREET

B.O.A.#: 170647

AGAWAM

MA 01001 4444

Fee: \$550.00

Restricted to: 32,800 Gallons Total

Restricted as follows;

AMENDED 01/14/32, 05/26/56, 06/12/57 AMENDED B.O.A. #170647 1/24/2002

14,000 GALS. GASOLINE

32,000 Gals. of Gasoline

600 Gals. Lub Oil

600 Gals. of Heating Oil

220 GALS. KEROSENE

200 Gals. Waste Oil

120 GALS. ALCOHOL

650 GALS. FUEL OIL

180 Gals. Motor Oil

330 Gals Anti Freeze SEE ATTACHED SHEETS FOR CONDITIONS.

Is the holder of the license originally granted 07/22/1926

for the lawful use of the building (s) or other structure (s) situated or to be situated at 00212 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: CUMBERLAND FARMS , INC.

TEL: _____

Company Address: 00212 BROADWAY

City: SOMERVILLE State: MA Zip: 02145

Check One:

Individual: ___ Co: ___ Corp: ☒ Trust: ___ Agency ___ Ship ___ Other

Owner Name: ATTN: ECLIPSE DIVISION CUMBERLAND FARMS, IN TEL: 1-413-789-3530

Owner Address: 588 SILVER STREET

Owner City: AGAWAM

State: MA

Zip: 01001

FID#: 042843586

This Application must be signed and filed with the required fee no later than April 30, 2012. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by 04/30/2012 please advise this office at once.

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

Check One: Owner ☒ Occupant ___ Holder ___

Signature of Applicant

C/O Eclipse, 588 Silver St, Agawam, MA

Address 01001

City

State

Zip

** Office Use Only **

Mail
Take

Received: _____

City Clerk

CITY CLERK'S OFFICE
SOMERVILLE, MA

2012 MAY 14 PD 2:22

IMPORTANT

18602

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: Cumberland Farms #118602

Somerville Address and Zip Code: 212 Broadway, Somerville, MA 02145

Phone Number of the Business: _____

The Legal Name of the License Holder: Cumberland Farms, Inc.

Street Address of the License Holder: 100 Crossing Boulevard

City, State and Zip Code of the License Holder: Framingham, MA 01702

Phone Number of the License Holder: 800-225-9702

Email Address of the License Holder: apimental@cumberlandgulf.com

Where We Should Send Mail: Name: Eclipse Division

Street Address: 588 Silver Street

City, State and Zip Code: Agawam, MA 01001

Email: vdibacco@ecseclipse.com

Phone Number: 413-789-3530

Federal ID # (Do Not Give a Social Security #): 0482843586

Emergency Contact and Phone (For Fire Dept. Use): Cumberland Farms 800-225-9702

Type of Business (Check Only One and Give the Names Indicated):

☐ Sole Proprietor: Name of Owner: _____

☐ Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

☐ Trust: Names of All Trustees Who Own More Than 10%: _____

☒ Corporation (inc. LLC): Name of President: Joseph H. Petrowski

Name of Secretary: Mark G. Howard Esq.

Name of Treasurer: Howard Rosenstein

☐ Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: _____

Date: _____



Town Clerks Office
93 Highland Ave
Somerville, MA 02413

May 11, 2012

RE: Certificate of Registration Renewal with Corrected Check – Cumberland Farms, Inc.
Cumberland Farms #118602→212 Broadway

To Whom It May Concern

Eclipse, a division of Environmental Compliance Services, Inc. is an environmental and compliance consulting firm retained by Cumberland Farms, Inc. to assist in its underground storage tank compliance program. In that role, I am writing to renew the Certificate of Registration with the corrected check for the above mentioned facility.

Please find enclosed the following documentation and remittance

- Renewal Application
- Remittance in the amount of \$550.00 Check #16318

Our client requests that once your agency has finished processing of the renewal that the renewed certificate is sent to our office at

ECS Eclipse

Attn: Victoria DiBacco

588 Silver Street

Agawam, MA 01001

If you should have any questions or require any additional information please feel free to call 413-789-3530 ext.322 or email at vdibacco@ecseclipse.com.

Sincerely

Eclipse, a division of Environmental Compliance Services, Inc.

Mary Wilson
Administrative Assistant



City Clerks Office
93 Highland Ave
Somerville, MA 02143

April 30, 2012

RE: Certificate of Registration Renewal – Cumberland Farms, Inc.
Cumberland Farms #118602 – 212 Broadway

To Whom It May Concern

Eclipse, a division of Environmental Compliance Services, Inc. is an environmental and compliance consulting firm retained by Cumberland Farms, Inc. to assist in its underground storage tank compliance program. In that role, I am writing to renew the Certificate of Registration for the above mentioned facility.

Please find enclosed the following documentation and remittance

- Renewal Application
- Renewal Notice
- Workers Compensation Form
- REAP Attestation
- Remittance in the amount of \$50.00 Check #144764

Our client requests that once your agency has finished processing of the renewal that the renewed certificate be sent to our office at
ECS Eclipse
Attn: Victoria DiBacco
588 Silver Street
Agawam, MA 01001

If you should have any questions or require any additional information please feel free to call me at 413-789-3530 ext.322 or email at vdibacco@ecseclipse.com.

Sincerely
Eclipse, a division of Environmental Compliance Services, Inc.



Victoria DiBacco
Compliance Analyst

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.

Cumberland Farms Inc.
* Signature of Individual or Corporate Name (Mandatory)

Ann r Dale
By: Corporate Officer (Mandatory, if a corporation)

042843586
** 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: Cumberland Farms, #118602

Address of taxpayer/applicant's business in Somerville: 212 Broadway, Somerville, MA

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 800-225-9702 evening: 800-225-9702

I, (print name) Richard Fournier, 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 19th day of

April, 20 12.

(Taxpayer's signature)

Richard Fournier
Tax Manager

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: _____

1988 # 144012001 # 168 # _____

NOTES: 0726130

CLERK'S INITIALS: A

ORIGINAL STAMP:



RECEIVED

4-5-3-12



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

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: CUMBERLAND FARMS, INC.

Address: 100 Crossing Boulevard

City/State/Zip: Framingham, MA 01702

Phone #: 508-270-1400

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 6,500 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 American Insurance Company

Insurer's Address: c/o Gallagher Bassett Services, 100 Grandview Rd., Suite 406

City/State/Zip: Braintree, MA 02184

Policy # or Self-ins. Lic. # SCFC43118584

Expiration Date: 4/1/2013

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: *Paula L. Russo*

Date: April 10, 2012

Phone #: 508-270-1496

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 #: