have return envelop

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

2010 APR 30 P 2:14
CITY CLERK'S OFFICE
SOMERVILLE, MA

In accordance with the provisions of Chapter 148, Section 13, of the General Laws, the undersigned hereby certifies that:
CUMBERLAND FARMS, INC., TAX MANAGER — Lic# F-2010-130
~~777 DEDHAM STREET~~ 100 CROSSING BLVD — B.O.A.#
~~CANTON~~ MA ~~02021~~ 4444 — Fee $500.00
FRAMINGHAM 01702
Restricted to: 25,000 Gallons Total
Restricted as follows;
AMENDED 08/22/74 - STORAGE AND SALE
25,000 GALS. GASOLINE SELF SERVICE PUMPS-

Is the holder of the license originally granted 10/14/1954 for the lawful use of the building (s) or other structure (s) situated or to be situated at 00701 -00709 SOMERVILLE AV 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: 781-828-4900
Company Address: 00701 -00709 SOMERVILLE AV
City: SOMERVILLE State: MA Zip: 02143
Check One:
Individual: ___ Co: X Corp: ___ Trust: ___ Agency ___ Gov't Ship ___ Partner ___ Other

508-270-1400
Owner Name: CUMBERLAND FARMS, INC., TAX MANAGER TEL: ~~1-781-828-4900~~
Owner Address: ~~777 DEDHAM STREET~~ 100 CROSSing Blvd.
Owner City: ~~CANTON~~ FRAmingham State: MA Zip: ~~02021~~ 01702
FID#: 042843586

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 X Occupant _____ Holder _____

Signature of Applicant
Richard Fournier
Tax Manager

Address
100 CROSSing Blvd.
FRAmingham Ma 01702
City State Zip

** Office Use Only **
Mailed _____
Taken pd $500 OP

Received: _____

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.

Cumberland Farms Inc.

* Signature of Individual or Corporate Name (Mandatory)

[signature]

By: Corporate Officer (Mandatory, if a corporation)

04-2843586

** 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

1. Exact name of taxpayer/applicant's business: Cumberland Farms Inc.
2. Address of taxpayer/applicant's business in Somerville: 701 Somerville Ave.
3. Address of taxpayer/applicant's home in Somerville: 100 Crossing Blvd. Framingham Ma 01702
4. Taxpayer/applicant's phone: day: 508-270-1400 evening: Same

I, Richard Fournier Tax Manager, 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 April, 20 10. _____
(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: _____
# 0729610	# 24104803 # 3005374 0		#

NOTES:

CLERK'S INITIALS: _____ **ORIGINAL STAMP:** received 4-5-10

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: Cumberland Farms Inc.

Address: 100 Crossing Blvd.

City: Framingham State: Ma Zip: 01702 Phone #: 508 270-1400

☐ I am an employer with 6046 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Ace Risk Services Northeast, Inc.

Address: Providence RI office / 50 Kennedy Plaza / 10th Floor

City: Providence State: RI Zip: 02903 Phone #: (866) 283-7122

Policy #: WC2 034 2628 Expiration Date: 4/01/11

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: _____ Date: 4/21/10

Print Name: Richard Fournier
Tax Manager

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* _____

(revised Jan. 2008)