

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:

MLM CORP.
541 BROADWAY
SOMERVILLE MA 02144 4444

Lic#: F-2012-029
B.O.A.#: 176773
Fee: \$550.00

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, 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 X Occupant ___ Holder ___

[Signature]
Signature of Applicant

541 BROADWAY
Address

Somerville MA 02144
City State Zip

** Office Use Only **
Mailed 3/27/12
Taken 3/27/12
Received: 3/27/12 - MS
\$550.00 ck # 8092
City Clerk

IMPORTANT

398
REF 504

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: TRUM FIELD SUNOCO
Somerville Address and Zip Code: 541 BROADWAY
Phone Number of the Business: 781-396-0265

The Legal Name of the License Holder: MLM CORP.
Street Address of the License Holder: 541 BROADWAY
City, State and Zip Code of the License Holder: SOMERVILLE, MA 02145
Phone Number of the License Holder: 541-396-0265
Email Address of the License Holder: MLmelhew@Hotmail.com

Where We Should Send Mail: Name: TRUM FIELD SUNOCO
Street Address: 541 BROADWAY
City, State and Zip Code: SOMERVILLE, MA 02145
Email: MLmelhew@Hotmail.com
Phone Number: 781-396-0265

Federal ID # (Do Not Give a Social Security #): 043-39-5061

Emergency Contact and Phone (For Fire Dept. Use): 617-240-5757

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: MICHEL MELHEM
Name of Secretary: MICHEL MELHEM
Name of Treasurer: MICHEL MELHEM
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: 3/26/12

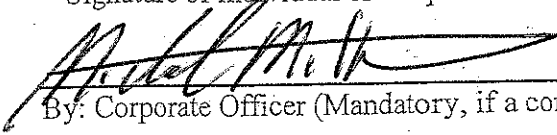
MASSACHUSETTS DEPARTMENT OF REVENUE

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.

MLM Corp. dba TRUM Field SONOCO

* Signature of Individual or Corporate Name (Mandatory)



MICHEL MELHEM

By: Corporate Officer (Mandatory, if a corporation)

043-39-5061

** 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: MLM Corp. dba TRUM FZELI SUNOCO

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: 781-251-0023

I, (print name) Michel Melhew of MLM Corp., 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 26 day of

MARCH, 2012. 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 # 20102800 # 238 # _____

NOTES:

CLERK'S INITIALS: U

ORIGINAL STAMP:





The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street, 7th Floor
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly.

name: MLM Corp dba TRUM FIELD SUND CO
 address: 541 BROADWAY
 city: SOMERVILLE state: MA zip: 01145 phone # 781-396-0265

work site location (full address):

I am a sole proprietor and have no one working in any capacity. Business Type: Retail Restaurant/Bar/Eating Establishment
 Office Sales (including Real Estate, Autos etc.)
 I am an employer with 4 employees (full & part time). Other Gas station / Repair shop.
 I am an employer providing workers' compensation for my employees working on this job.

company name: MA RETAIL MERCHANTS WC GROUP INC.
 address: P.O. Box 859222 - 9222
 city: BRAINTREE, MA 01875 phone #: 1-800-790-8877
 insurance co. MA RETAIL MERCHANTS WC Group Inc. policy # 014005032357112

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: _____
 address: _____
 city: _____ phone #: _____
 insurance co. _____ policy #: _____
 company name: _____
 address: _____
 city: _____ phone #: _____
 insurance co. _____ policy #: _____

Attach additional sheet if necessary.
 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 year's 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: Machel Melhem Date: 3/26/12
 Print name: MACHEL MELHEM Phone #: 781-396-0265

official use only do not write in this area to be completed by city or town official
 city or town: _____ permit/license # _____
 check if immediate response is required
 contact person: _____ phone #: _____
 Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____
 (revised Sept. 2003)