

*I have a return envelope.*

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

## 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:

SUNOCO, INC. ATTN: KATHY MCCANEY  
1735 MARKET STREET, 12TH FLOOR  
PHILADELPHIA PA 19103 4444

Lic#: F-2010-084  
B.O.A.#: 160818  
Fee: \$500.00 ✓

Restricted to: 33,380 Gallons Total

Restricted as follows;

AMENDED 01/26/84 AMENDED TO FULL SELF SERVICE PUMPS 9/24/96

24,000 GALS. GASOLINE SELF SERVICE PUMPS-

8,000 GALS. DIESEL

550 GALS. FUEL OIL crossed off on 2001 application

280 GALS. WASTE OIL Aboveground

1,100 GALS. OIL & GREASE

Is the holder of the license originally granted 03/02/1959 for the lawful use of the building (s) or other structure (s) situated or to be situated at 00434 -00450 MCGRATH HWY 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: SUNOCO SERVICE STATION #0005-2175 TEL: 617-591-0317  
Company Address: 00434 -00450 MCGRATH HWY

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: SUNOCO, INC. ATTN: KATHY MCCANEY TEL: 1-215-246-8513  
Owner Address: 1735 MARKET STREET, 12TH FLOOR

Owner City: PHILADELPHIA State: PA Zip: 19103  
FID#: 231743283

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 Kathy McCaney Occupant \_\_\_ Holder \_\_\_

Signature of Applicant

Sunoco, Inc. (R&M)  
1735 Market Street - 13th Floor  
Philadelphia, PA 19103

\*\* Office Use Only \*\*  
Mailed \_\_\_\_\_  
Taken \_\_\_\_\_

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

Kathleen McCarney

\* Signature of Individual or Corporate Name (Mandatory)

Sunoco, Inc. (R&M)  
1735 Market Street - 13th Floor  
Philadelphia, PA 19103

By: Corporate Officer (Mandatory, if a corporation)

23-174 3283

\*\* 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.

Sunoco # 0005-2175



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/5/2009

<b>PRODUCER</b> R D MURPHY INS AGENCY INC 75 HANCOCK ST BRAINTREE, MA 021850268 (781) 354-7689		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURED</b> MBA RETAILERS INC 434 MCGRATH HWY SOMERVILLE MA 02143		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: Liberty Mutual Group	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below OTHER	WC2-31S-361692-019	5/22/2009	5/22/2010	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500000 E.L. DISEASE - EA EMPLOYEE \$ 500000 E.L. DISEASE - POLICY LIMIT \$ 500000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The workers' compensation policy provides coverage only for the state of MA as noted in section 3A of the policy.

## CERTIFICATE HOLDER

## CANCELLATION

SUNOCO INC ATTN: MARKETING DATA MANAGEMENT 12TH FLOOR 1735 MARKET STREET STE LL PHILADELPHIA PA 19103-7583	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>7</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Jeff Eldridge <i>A. Jeffrey Eldridge</i>
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ACORD 25 (2009/01)

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Sunoco#0005-2175

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: ARD PROP, INC.
2. Address of taxpayer/applicant's business in Somerville: 434 Mc Brath HWY.
3. Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_  
Sunoco, Inc. (R&M)  
1735 Market Street - 13th Floor  
Philadelphia, PA 19103
4. Taxpayer/applicant's phone: day: \_\_\_\_\_ evening: \_\_\_\_\_

I, Pamela Burgio Darley, 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 12<sup>th</sup> day of April, 20 10. Pamela Burgio Darley  
(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: \_\_\_\_\_

# 01021119 # 11804001 # 30051223 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: A ORIGINAL STAMP: \_\_\_\_\_

received  
4-27-10