



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW FLAMMABLES LICENSE

SUNOCO, INC.
AIRPORT BUSINESS COMPLEX
10 INDUSTRIAL HWY, NORTH LOOP
LESTER, PA 19029

License #: **514**
City #F84
Fee: **550.00**
Account ID: **410**
Reference #: **514**

Review and update the information below. if you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: SUNOCO SERVICE STATION #0005-2175 Business Location: 434 MCGRATH HWY Business Phone: 617-591-0317	
License Holder: SUNOCO SERVICE STATION #0005-2175 434-450 MCGRATH HWY SOMERVILLE, MA 02143 617-591-0317	2014 MAR 25 A 9:19 CITY CLERK'S OFFICE SOMERVILLE, MA
Mailing Address: SUNOCO, INC. AIRPORT BUSINESS COMPLEX 10 INDUSTRIAL HWY, NORTH LOOP LESTER, PA 19029	
Business Type: CORPORATION (INC. LLC) PRESIDENT - UNKNOWN SECRETARY - UNKNOWN TREASURER - UNKNOWN	
FID: 231743283	
Food Manager/Emergency Contact: UNKNOWN	

Conditions: *(to change any conditions, submit a new application. Contact the City Clerk's Office for more information)*

Hours: **MO-SU 5 AM - MIDNIGHT**

Description of Location and/or Other Conditions:

Originally Issued 3/2/1959, Amended 01/26/84, 9/24/96. 24,000 Gals. Gasoline Self Service Pumps. 8,000 Gals. Diesel. 280 Gals. Waste Oil Aboveground. 1,100 Gals. Oil & Grease.

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

Signature: Kathleen McCaney Date: 3/11/14
 Print Name: Kathleen McCaney Phone: (610) - 833 - 3761
Compliance Coordinator

Sunoco #0005-2175



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Sunoco, Inc.

Address of taxpayer/applicant's business in Somerville: 434-450 McGrath Hwy

Address of taxpayer/applicant's home in Somerville: SUNOCO Airport Business Complex - Building G

Taxpayer/applicant's phone: day: (617) 833-3761 10 Industrial Hwy, North Loop Rd.
Attn: Kathleen McCaney - MHQ 2W167
Lester, PA 19029

I, (print name) Pamela 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 14th day of March, 2014. Pamela B. Darley
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

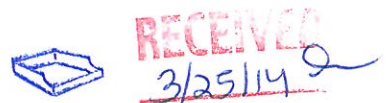
Real Estate Water/Sewer Personal Property Other: _____

9803 # 118041001 # _____ # _____

NOTES:

CLERK'S INITIALS: J

ORIGINAL STAMP:



Site closed 4/14/2011

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

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: SUNOCO
Airport Business Complex - Building G
10 Industrial Hwy, North Loop Rd.
Address: Attn: Kathleen McCaney - MHQ 2W167
Lester, PA 19029
City: _____ ip: _____ Phone #: 610-833-3761

- I am an employer with _____ 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 temp out of service

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

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: Kathleen McCaney Date: 3/11/14
Print Name: Kathleen McCaney
Compliance Coordinator

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 _____