

#118602



**CITY OF SOMERVILLE**  
 Commonwealth of Massachusetts  
 93 Highland Avenue  
 Somerville, MA 02143  
 (617) 625-6600

*TRANSFER*  
**Application to ~~Renew~~ Flammables License**

**CUMBERLAND FARMS, INC.**  
**100 CROSSING BLVD.**  
**FRAMINGHAM MA 01702**

**License #:** BL15-000501  
**File #:** 15-396  
**Fee:** 605

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)
<b>Business/DBA Name:</b> CUMBERLAND FARMS #118602 <b>Business Location:</b> 212 BROADWAY <b>Business Phone:</b> 617-776-3596	PMG Northeast, LLC (#8659)  781-477-2352
<b>License Holder:</b> CUMBERLAND FARMS, INC. 100 CROSSING BLVD. FRAMINGHAM MA 01702	PMG Northeast, LLC 2359 Research Court Woodbridge, VA 22192
<b>Mailing Address:</b> ECS ECLIPSE DIVISION 588 SILVER ST AGAWAM MA 01001	
<b>Business Type:</b> Corporation JOSEPH PETROWSKI HOWARD ROSENSTEIN MARK HOWARD	LLC
<b>FID:</b> 042843586	81-1062293
<b>Emergency Contact:</b> UNKNOWN <b>Phone:</b> 800-225-9702	Ted Beck 703-496-3510
<b># of Gallons of Flammables to be Stored:</b> 34900 <b>Describe Flammables to be Stored:</b> Not yet provided. <b>Proposed Hours of Operation:</b> Not yet provided.	

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: Allison Gage

Date: 4/23/2016

Printed Name: Allison Gage Phone: 413-233-9322

April 20, 2016

Somerville City Clerk  
City Hall, 93 Highland Avenue  
Somerville, MA 02143

2016 MAY -2 A 9:59

CITY CLERK'S OFFICE  
SOMERVILLE, MA

RE: FP5 Certificate of Registration – PMG Northeast, LLC  
PMG #8659 212 Broadway Somerville MA

To Whom It May Concern,

Eclipse, a division of Environmental Compliance Services, Inc. is an environmental and compliance consulting firm retained by PMG Northeast, LLC to assist in their underground storage tank compliance program. In that role, I am writing to renew the FP5 Certificate of Registration for the above mentioned facility.

Please note that effective March 14<sup>th</sup>, 2016 the ownership for this location transferred to PMG Northeast, LLC from Blue Hills Fuels, LLC. As ECS Eclipse is still contracted to handle all permits and licenses on behalf of the owner, all mailing correspondence should continue to be sent to ECS Eclipse.

Please find enclosed the following documentation and remittance:

- Renewal Application
- Remittance in the amount of \$605.00 check #611408

We will send you the following supplemental form as soon as it becomes available:

- Worker's Compensation Form to note PMG is exempt as an LLC
- Tax Form

Our client requests that once your agency has finished the processing of the enclosed, that the new certificate be sent to our office at:

ECS Eclipse  
Attn: Allison Gage  
588 Silver St.  
Agawam, MA 01001

If you should have any questions or require any additional information please feel free to call Allison at 413-233-9322 or email at [agage@ecsconsult.com](mailto:agage@ecsconsult.com).

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



Allison Gage  
Compliance Analyst



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: PMG NORTHEAST

Address of taxpayer/applicant's business in Somerville: 212 BROADWAY

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: \_\_\_\_\_ evening: \_\_\_\_\_

I, (print name) \_\_\_\_\_, 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

\_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
(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: \_\_\_\_\_

# 2050 # 144012001 # \_\_\_\_\_ # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** UB

**ORIGINAL STAMP:**

**received**  
UB  
5-24-16

**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: PMG NORTHEAST

Address: 212 BROADWAY

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

- ☐ 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 \_\_\_\_\_

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: \_\_\_\_\_

Address: SEE ATTACHED

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: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

*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 \_\_\_\_\_