

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

OK

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:

DRAKE PETROLEUM COMPANY, INC.
221 QUINEBAUG ROAD
N.GROSVENORDALE CT 06255 4444

Lic#: F-2010-092
B.O.A.#: 185417
Fee: \$500.00

Restricted to: 24,210 Gallons Total
Restricted as follows;
AMENDED 11/24/31, 12/10/31, 10/14/37, 07/24/75, 09/09/82
SALE - SELF-SERVICE
5,000 GALS. DIESEL
19,000 GALS. GASOLINE
150 GALS. LUB OIL
60 GALS. ANTI-FREEZE
12/13/2007 TRANSFERRED BOA #184686

Is the holder of the license originally granted 11/26/1929 for the lawful use of the building (s) or other structure (s) situated or to be situated at 00360 MEDFORD ST 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: DRAKE PETROLEUM COMPANY, INC. TEL: 860-935-5200
Company Address: 00360 MEDFORD ST

City: SOMERVILLE State: MA Zip: 02145

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

Owner Name: DRAKE PETROLEUM COMPANY, INC. TEL: 860-935-5200
Owner Address: 221 QUINEBAUG ROAD

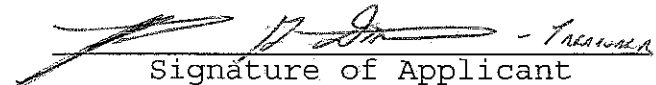
Owner City: N.GROSVENORDALE State: CT Zip: 06255
FID#: _____

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

221 Quinebaug Road
Address

N. Grosvenordale CT 06255
City State Zip

** Office Use Only **

CK129673

Mailed _____
Taken _____

Received: _____

City Clerk

\$500-

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: Drake Petroleum Company Inc

Address: 221 Quinebaug Road

City: Norcrossdale State: CT Zip: 06255 Phone #: 860-935-5200

- ☒ I am an employer with 250 employees (full and/or part time). Business Type: ☒ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: New Hampshire Insurance Company

Address: 20 Pine Street

City: New York State: NY Zip: 10270 Phone #: 401-885-7500

Policy #: 4883065 Expiration Date: 9/10

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: [Signature] Date: 4/9/10

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 _____

**NOTICE
TO
EMPLOYEES**



OK
**NOTICE
TO
EMPLOYEES**

**The Commonwealth of
Massachusetts
DEPARTMENT OF INDUSTRIAL ACCIDENTS**

600 Washington Street, Boston, Massachusetts 02111
617-727-4900 - <http://www.mass.gov/dia>

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above-mentioned chapter by insuring with:

New Hampshire Insurance Company
NAME OF INSURANCE COMPANY

70 Pine Street; New York, NY 10270
ADDRESS OF INSURANCE COMPANY

4883665
POLICY NUMBER

07/01/09-10
EFFECTIVE DATES

USI Insurance; 475 Kilvert St., Ste. 300; Warwick, RI 02886 (401)885-7500
NAME OF INSURANCE AGENT ADDRESS PHONE #

Drake Petroleum Company, Inc.; 221 Quinebaug Road, N. Grosvenordale, CT
EMPLOYER ADDRESS 06255

EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY) DATE

MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Worker's Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER

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.

✓ Amato DiBiasio

* Signature of Individual or Corporate Name (Mandatory)

[Signature] - Treasurer

By: Corporate Officer (Mandatory, if a corporation)

04-2236089

** 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: Somerville Xtra Fuels
- ✓ 2. Address of taxpayer/applicant's business in Somerville: 360 Midford Street
- ✓ 3. Address of taxpayer/applicant's home in Somerville: n/a
- ✓ 4. Taxpayer/applicant's phone: day: 860-935-5200 evening: 860-935-5200

✓ I, Anna G. DiBiasio, 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 20th day of

✓ April, 20 10. [Signature] - Therese
(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: _____

13443089 # 20802811 # 30053930 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received
[Signature]
4-27-10