



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

APPLICATION TO RENEW FLAMMABLES LICENSE

A.L. PRIME ENERGY CONSULTANT INC
18 LARK AVE
SAUGUS, MA 01906

License #: **523**
City #F134
Fee: **550.00**
Account ID: **420**
Reference #: **523**

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: A.L. PRIME ENERGY Business Location: 73 SUMMER ST Business Phone: 617-623-9200	
License Holder: A.L. PRIME ENERGY CONSULTANT INC 73 SUMMER ST SOMERVILLE, MA 02143 617-623-9200	
Mailing Address: A.L. PRIME ENERGY CONSULTANT INC 18 LARK AVE SAUGUS, MA 01906	
Business Type: CORPORATION (INC. LLC) SECRETARY - FARAG GAAFAR TREASURER - NASSER ABU-EID PRESIDENT - SAAD NASSER BUISIER	
FID: 043113749	
Food Manager/Emergency Contact: MAHMOUD SHIEKHABDOU 781-760-1651	

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 12/20/1945, Amended 05/28/70, 5/28/87. 20,000 Gals. Underground Gasoline. 500 Gals. Aboveground Gasoline. 1,000 Gals. Waste Oil.

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: _____ Date: 3/12/2014
Print Name: NASSER ABU-EID V.P. Phone: (781) 246-0201 X202



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

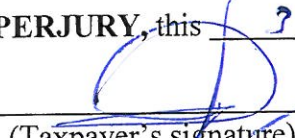
Exact name of taxpayer/applicant's business: A.L. PRIME ENERGY

Address of taxpayer/applicant's business in Somerville: 73 SUMMER ST.

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: (781) 760-1651 evening: (617) 212-3551

I, (print name) NASSER ABU-EID, 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 3 day of MARCH, 2014.

(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: _____

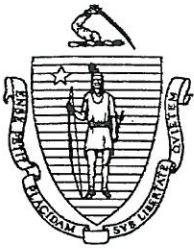
14250 # 248077001 # _____ # _____

NOTES:

CLERK'S INITIALS: 

ORIGINAL STAMP:





The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: A.L. PRIME ENERGY

Address: 18 LARK AVE

City/State/Zip: SAUGUS MA 01906 Phone #: (781) 246-0201 X202

Are you an employer? Check the appropriate box:

- 1. I am an employer with 150 employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: HDI - GERLING AMERICA INS. CO.

Insurer's Address: 50 PROSPECT ST.

City/State/Zip: WALTHAM MA 02453

Policy # or Self-ins. Lic. # EWG-CD 000113113 Expiration Date: 12/01/2014

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance 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: 3/3/2014

Phone #: (781) 246-0201 X202

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):
 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
 6. Other _____

Contact Person: _____ Phone #: _____