

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

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:

CUMBERLAND FARMS, INC., TAX MANAGER
100 CROSSING BLVD.
FRAMINGHAM MA 01702 4444
Lic#: F-2011-130
B.O.A.#:
Fee: \$500.00

Restricted to: 25,000 Gallons Total
Restricted as follows;
AMENDED 08/22/74 - STORAGE AND SALE
25,000 GALS. GASOLINE SELF SERVICE PUMPS-

2011 APR 14 PM 5:01
CITY CLERK'S OFFICE
SOMERVILLE, MA

Is the holder of the license originally granted 10/14/1954
for the lawful use of the building (s) or other structure (s) situated or
to be situated at 00701 -00709 SOMERVILLE AV
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: CUMBERLAND FARMS, INC. TEL: 781-828-4900
Company Address: 00701 -00709 SOMERVILLE AV

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: CUMBERLAND FARMS, INC., TAX MANAGER TEL: 1-508-270-1400
Owner Address: 100 CROSSING BLVD.

Owner City: FRAMINGHAM State: MA Zip: 01702
FID#: 042843586

This Application must be signed and filed with the required fee no later than
April 30, 2011. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by
04/30/2011 please advise this office at once.

This renewal application must be signed by the holder of the license.

Check One: Owner X Occupant ___ Holder ___

M. J. ... Authorized Rep.
Signature of Applicant

10 Edinboro, 588 Oliver St.
Address

FRAMINGHAM, MA 01701
City State Zip

** Office Use Only **
Mailed _____
Taken _____
Received: CK 143479
\$500.00
City Clerk



Town Clerks Office
93 Highland Ave
Somerville, MA 02143

April 9, 2011

RE: Certificate of Registration Renewal – Cumberland Farms, Inc.
Cumberland Farms #2469 – 701 Somerville Ave
Cumberland Farms #118602 – 212 Broadway

To Whom It May Concern

Eclipse, a division of Environmental Compliance Services, Inc. is an environmental and compliance consulting firm retained by Cumberland Farms, Inc. to assist in its underground storage tank compliance program. In that role, I am writing to renew the Certificate of Registration for the above mentioned facilities.

Please find enclosed the following documentation and remittance

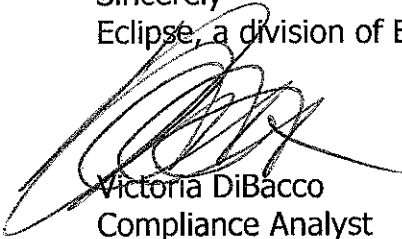
- Renewal Applications
- Renewal Notices
- Workers Compensation Affidavit
- REAP Attestation
- Certificate of Good Standing
- Remittance in the amount of \$1,000.00 Check #143479

Our client requests that once your agency has finished processing of the renewal that the renewed certificates be sent to our office at

ECS Eclipse
Attn: Victoria DiBacco
588 Silver Street
Agawam, MA 01001

If you should have any questions or require any additional information please feel free to call me at 413-789-3530 ext.322 or email at vdibacco@ecseclipse.com.

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



Victoria DiBacco
Compliance Analyst

**Massachusetts
Department
Of
Revenue**

PO BOX 7010 BOSTON, MA 02204



NAVJEET BAL, COMMISSIONER
ROBERT O'NEILL, BUREAU CHIEF

CUMBERLAND FARMS INC.
100 CROSSING BLVD # 9003
FRAMINGHAM, MASS. 01702

Notice: 80619
T/P ID: 042843586
Date: 02/11/11
Bureau: Certificate Unit

CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE

The Commissioner of Revenue certifies as of the above date, that the above named individual or entity is in compliance with its tax obligations payable under M.G.L. c. 62C, including corporation excise, sales and use taxes, sales tax on meals, withholding taxes, room occupancy excise and personal income taxes, with the following exceptions.

This Certificate certifies that individual taxpayers are in compliance with income tax obligations and any sales and use taxes, sales tax on meals, withholding taxes, and/or room occupancy taxes related to a sole proprietorship. Persons deemed responsible for the payment of these taxes on behalf of a corporation, partnership or other business entity may not use our automated process to obtain a certificate.

This certificate does not certify that the entity's standing as to taxes such as unemployment insurance administered by agencies other than the Department of Revenue, or taxes under any other provisions of law. Taxpayers required to collect or remit the following taxes must submit a separate request to certify compliance: Alcoholic Beverage Excise, Cigarette Excise, Sales Tax on Boats, International Fuels Tax Agreement, Smokeless Tobacco or Ferry Embarkation.

THIS IS NOT A WAIVER OF LIEN ISSUED UNDER GENERAL LAWS, CHAPTER 62C, SECTION 52.

KTM

Very truly yours,

A handwritten signature in black ink, appearing to read "Robert O'Neill".

Robert O'Neill, Bureau Chief

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.

Cumberland Farms, Inc.

* Signature of Individual or Corporate Name (Mandatory)

Richard Fournier
Tax Manager

[Handwritten Signature]

By: Corporate Officer (Mandatory, if a corporation)

04-2843586

** 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: Cumberland Farms Inc.
- 2. Address of taxpayer/applicant's business in Somerville: 701-709 Somerville Ave.
- 3. Address of taxpayer/applicant's home in Somerville: _____
- 4. Taxpayer/applicant's phone: day: 1-800-225-9702 evening: _____

I, _____, 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:

<input checked="" type="checkbox"/> Real Estate	<input checked="" type="checkbox"/> Water/Sewer	<input checked="" type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>07296 110</u>	# <u>241048031</u>	# <u>30053740</u>	# _____

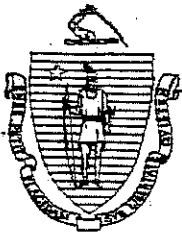
NOTES:

CLERK'S INITIALS: URS

ORIGINAL STAMP:

received
[Barcode]

4-14-11



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: CUMBERLAND FARMS, INC.

Address: 100 CROSSING BOULEVARD

City/State/Zip: FRAMINGHAM, MA 01702 Phone #: (508) 270-1400

Are you an employer? Check the appropriate box:

- 1. I am an employer with 6,092 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: ILLINOIS NATIONAL INSURANCE COMPANY

Insurer's Address: 50 KENNEDY PLAZA / 10th FLOOR

City/State/Zip: PROVIDENCE, RI 02903-2393

Policy # or Self-ins. Lic. # WC020342628 Expiration Date: 04/01/2011

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: [Handwritten Signature] Date: 3/29/11

Phone #: (508) 270-1400

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 #: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/07/2010

PRODUCER
Aon Risk Services Northeast, Inc.
Providence RI Office
50 Kennedy Plaza
10th Floor
Providence RI 02903-2393 USA

PHONE-(866) 283-7122 FAX-(847) 953-5390

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.

INSURED
CUMBERLAND FARMS, INC.
100 Crossing Boulevard
Framingham MA 01702 USA

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	National Union Fire Ins Co of Pittsburgh	19445
INSURER B:	Illinois National Insurance Co	23817
INSURER C:	New Hampshire Ins Co	23841
INSURER D:	ACE American Insurance Company	22667
INSURER E:		

COVERAGES

SIR applies per terms and conditions of the policy

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.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GL7146339 General Liability.	04/01/2010	04/01/2011	EACH OCCURRENCE	\$1,500,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,500,000
						MED EXP (Any one person)	Excluded
						PERSONAL & ADV INJURY	\$1,500,000
						GENERAL AGGREGATE	\$10,000,000
						PRODUCTS - COMP/OP AGG	\$4,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS	9727085 Business Auto AOS 9727087 Business Auto NH 9727086 Business Auto - MA	04/01/2010	04/01/2011	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
A				04/01/2010	04/01/2011	BODILY INJURY (Per person)	
A				04/01/2010	04/01/2011	BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	
						OTHER THAN AUTO ONLY: EA ACC	
						AGG	
D		EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$500,000	XOOG23886480	04/01/2010	04/01/2011	EACH OCCURRENCE	\$5,000,000
						AGGREGATE	\$5,000,000
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/> N <input type="checkbox"/> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	WC020342626 CT, DE, NH, NJ, PA, RI, VT WC020342627 FL WC020342628 MA, ND, NY, OH, WA, WV, WY	04/01/2010	04/01/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
B				04/01/2010	04/01/2011	E.L. EACH ACCIDENT	\$1,000,000
B				04/01/2010	04/01/2011	E.L. DISEASE-EA EMPLOYEE	\$1,000,000
						E.L. DISEASE-POLICY LIMIT	\$1,000,000
		OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Cancellation Provision shown herein is subject to shorter or longer time periods depending on the jurisdiction of, and reason for, the cancellation.

CERTIFICATE HOLDER**CANCELLATION**

City of Somerville
Health Department
City Hall Annex
50 Evergreen Avenue
Somerville, MA 02145 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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 *Aon Risk Services Northeast Inc.*

Holder Identifier:

Certificate No.: 570038411786