

CITY OF SOMERVILLE

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

Application to Renew Flammables License

LUB-O-LINE INDUSTRIAL OIL CO., INC. 9 FLORENCE ST SOMERVILLE MA 02145

License #:

BL15-000529

File #:

15-429

Fee:

550

Review and update the information below. <u>If you have workers compensation insurance</u>, 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: LUB-O-LINE INDUSTRIAL OIL CO., INC. Business Location: 9 FLORENCE ST Business Phone: 617-776-4490					
License Holder: LUB-O-LINE INDUSTRIAL OIL CO., INC. 9 FLORENCE ST SOMERVILLE MA 02145					
Mailing Address: LUB-O-LINE INDUSTRIAL OIL CO., INC. 9 FLORENCE ST SOMERVILLE MA 02145					
Business Type: Corporation NORMA WATERMAN NORMA WATERMAN RAYMOND HUMES JR.					
FID: 042227408					
Emergency Contact: NORMA WATERMAN Phone: 603-673-6061					
# of Gallons of Flammables to be Stored: 9000 Describe Flammables to be Stored: Not yet provided. Proposed Hours of Operation: Not yet provided.	17/A 4:00 Am - 2:00 P.m.				
	2015 VALIE				
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: <u>Xorma Naturman</u> D	ate: 4/6/15				
Printed Name: HOKMA WINTERMOND PH	none: 603-673-0784				

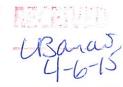


City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

	Exact name of taxpayer/applicant's businessub-0-Line Industrial Oil Co., Inc.						
	Address of taxpayer/applicant's business in Somerville: 9 Florence Street						
	Address of taxpayer/applicant's home in Some						
	Taxpayer/applicant's phone: day: 617 776	4490 evening: 60:	3 672 0784				
200	(print name) Norma Waterman , the undersigned Taxpayer, do not the contained herein is true and correct and all taxes and fees not fees and is current on said agreement.						
	SIGNED UNDER THE PAINS AND PENAL						
(Taxpayer's signature)							
CITY'S ACKNOWLEDGEMENT							
DATE OF ISSUANCE: INCLUDES RELEVANT POSTINGS THROUGH:							
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:							
E	Real Estate Water/Sewer	Personal Property	D'Other:				
#	5730 # 168070011	# 47.3	#21797-217806				
N	IOTES:		A A				
C	LERK'S INITIALS:	ORIGINAL STAMP:	II: 59				

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143 (617) 625-6600 Ext. 3500 • TTY: (866) 808-4851 • FAX: (617) 666-9682 WWW.SOMERVILLEMA.GOV



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: Lub-O-Line I	Industrial Oil Co., I	nc					
Address: 9 Florence							
City: Somerville	State: MA Zip:	02145 Phone#: 617 776 4490					
	employees Business Type: R thership and have no C s exercised our right of E nd have no employees. M tion staffed by H						
Workers' compensation insurance information (if applicable):							
Insurance Company Name: 3	ee Group						
Address: P.O Boy 3.	556						
Policy#: 4632 P29	io	Expiration Date: 6/2745					
Applicant certification:		32402 Phone #: 1-200. 4539313 Expiration Date: 6/3715					
Failure to secure coverage as repenalties of a fine up to \$1,500.0 WORK ORDER and a fine of	equired under Section 25A of MG	L 152 can lead to the imposition of criminal as well as civil penalties in the form of a STOP					
I do hereby certify under the pain	s and penalties of perjury that the in	formation provided above is true and correct.					
Signature: 10 ma- /	Vatorman	Date: Timel 6, 3015					
	man						
	*						
Official use only.	Do not write in this area. To be con	rpleted by city or town official.					
· ·	Permit/License #:	Board of Health Building Department					
Д И		☐ City/Town Ĉlerk☐ Licensing Board					

(revised Jan. 2008)



THIS IS A QUOTE, NOT A POLICY **WORKERS COMPENSATION** AND **EMPLOYERS LIABILITY POLICY**

QUOTE PROFILE - VERSION 01

POLICY NUMBER: (6S62UB-4682P29-0-14)

RENEWAL OF (6S62UB-4682P29-0-13)

INSURED'S NAME AND ADDRESS

LUB-O-LINE INDUSTRIAL OIL CO

INC

9 FLORENCE STREET SOMERVILLE MA 02145-4306 WORKERS COMPENSATION

INSURANCE PLAN

A/R (WCIP) #

MA

POLICY PERIOD FROM: 06-02-14 TO 06-02-15

TOTAL	ESTIMATED ANNUAL STA	NDARD PREMIUM	\$ 5533
	PRE	MIUM DISCOUNT	NONE
	0900-20 EXE	ENSE CONSTANT	338
		TERRORISM	41
TOTAL ESTIMATED PREMIUM TAXES AND SURCHARGES		5912	
		186	
	DEPOS	IT AMOUNT DUE	6098

Employer's Liability BI Limit: \$

500000 Each Accident 500000 Policy Limit

500000 Each Employee

INSURER: ACE AMERICAN INSURANCE COMPANY

Adjustments of Premiums shall be made ANNUALLY ****** Deposit Amount Due: \$

5098 *******

POLICY NUMBER: (6S62UB-4682P29-0-14)

DATE OF ISSUE: 05-07-14 LP

OFFICE: ORLANDO DA ACE 24M

PRODUCER: BROWN & BROWN OF NEW HAM 25NYR

ST ASSIGN: MA