



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. 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: 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.	4/17 6:00 AM - 2:00 PM

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: Norma Waterman Date: 4/6/15

Printed Name: NORMA WATERMAN Phone: 603-673-0784

CITY CLERK'S OFFICE
SOMERVILLE, MA

2015 APR -6 A 11:59



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: sub-O-Line Industrial Oil Co., Inc.

Address of taxpayer/applicant's business in Somerville: 9 Florence Street

Address of taxpayer/applicant's home in Somerville: 50 Walnut Hill Rd Amherst NH

Taxpayer/applicant's phone: day: 617 776 4490 evening: 603 672 0784

I, (print name) Norma Waterman, 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 12 day of April, 2015. Norma Waterman
(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: Excise
5730 # 168070011 # 473 # 21792-217806

NOTES:

CLERK'S INITIALS: UPB

ORIGINAL STAMP:

RECEIVED
CITY CLERK'S OFFICE
SOMERVILLE, MA
APR 15 11:59
UPB
4-6-15

*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 Industrial Oil Co., Inc.

Address: 9 Florence Street

City: Somerville State: MA Zip: 02145 Phone #: 617 776 4490

- ☒ I am an employer with 5 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: ACE Group

Address: P.O. Box 3556

City: Orlando State: FL Zip: 32402 Phone #: 1-200-453-9843

Policy #: 46335290 Expiration Date: 6/3/15

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: Norma Waterman

Date: April 6, 2015

Print Name: Norma Waterman

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

City or Town: _____ Permit/License #: _____
☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other

Contact Person: _____ Phone #: _____



ace group

VDAC

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 ADDRESSLUB-O-LINE INDUSTRIAL OIL CO
INC
9 FLORENCE STREET
SOMERVILLE MA 02145-4306WORKERS COMPENSATION
INSURANCE PLAN

A/R (WCIP) #

MA

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

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM	\$	5533
PREMIUM DISCOUNT		NONE
0900-20 EXPENSE CONSTANT		338
TERRORISM		41
TOTAL ESTIMATED PREMIUM		5912
TAXES AND SURCHARGES		186
DEPOSIT 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: \$ 6098 *****

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

2015 APR -6 A 11:59
CITY OF PRK'S OFFICE
SOMERVILLE, MA