

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

\$500.00

## THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION  
1010 COMMONWEALTH AVE. BOSTON

2011 APR -4 A 11:47

### RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE

CITY CLERK'S OFFICE  
SOMERVILLE, MA

In accordance with the provisions of Chapter 148, Section  
General Laws, the undersigned hereby certifies that:

MLM CORP.  
541 BROADWAY  
SOMERVILLE

MA 02144 4444

Lic#: F-2011-029  
B.O.A.#: 176773  
Fee: \$500.00

Restricted to: 24,550 Gallons Total

Restricted as follows;

AMENDED 10/22/25, 06/26/45

AMENDED 10/11/90

18,000 GALS. GASOLINE

TRANSFER 2 EXISTING FULL SERVICE PUMPS -

550 GALS. WASTE OIL

TO SELF SERVICE PUMPS -

550 GALS. FUEL OIL

AMENDMENT:BOA #285405,DATED 4/10/2008 FOR -

600 GALS. MOTOR OIL

4,000 GALLONS OF DIESEL FUEL. -

400 GALS. ANTI-FREEZE

AMENDED 06/10/2004 20,000 GALLONS UNDERGROUND, 550 ABOVEGROUND

SEE ATTACHED CONDITIONS

Is the holder of the license originally granted 12/29/1924

for the lawful use of the building (s) or other structure (s) situated or  
to be situated at 00541 BROADWAY

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: MLM CORP. D/B/A TRUM FIELD SUNOCO

TEL: 781-396-0265

Company Address: 00541 BROADWAY

City: SOMERVILLE

State: MA

Zip: 02144

Check One:

Individual: \_\_\_ Co: \_\_\_ Corp: ☒ Trust: \_\_\_ Agency \_\_\_ Ship \_\_\_ Gov't Partner

Other

Owner Name: MLM CORP.

TEL: 781-396-0265

Owner Address: 541 BROADWAY

Owner City: SOMERVILLE

State: MA

Zip: 02144

FID#: 043395061

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 ☒ Occupant \_\_\_ Holder \_\_\_

Signature of Applicant

541 Broadway

Address

Somerville, MA

02144

City

State

Zip

\*\* Office Use Only \*\*

Mailed

Taken

Received:

City Clerk

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.

MLM CORP.

\* Signature of Individual or Corporate Name (Mandatory)

Michel Melhem

MICHEL MELHEM

By: Corporate Officer (Mandatory, if a corporation)

# 04-3395061

\*\* 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**

Exact name of taxpayer/applicant's business: MLM Corp dba TRUM FIELD SUNOCO

Address of taxpayer/applicant's business in Somerville: 541 BROADWAY

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

Taxpayer/applicant's phone: day: 781-396-0265 evening: 617-240-5757

I, (print name) Michel Melhew of MLM, 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 2 day of April, 2011. Michel Melhew  
(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: \_\_\_\_\_  
# 19656151 # 20122800 # 32011165 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: Q

ORIGINAL STAMP:

**RECEIVED**  
6-4-4-11

**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: MLM CORP dba TRUM FIELD SUNOCO

Address: 541 BROADWAY

City: SOMERVILLE State: MA Zip: 02145 Phone #: 781-396-0265

- ☒ I am an employer with 4 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 Gas station / Repair shop

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: MA RETAIL MERCHANTS WC group INC.

Address: 10 BRITISH AMERICAN BLVD.

City: LATHAM State: NY Zip: 12110 Phone #: 1-800-211-4217

Policy #: 014005032357111

Expiration Date: 1-1-2012

**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: *Michel Melhem*

Date: 4-2-2011

Print Name: MICHEL MELHEM

*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 \_\_\_\_\_