

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

\$500

THE COMMONWEALTH OF MASSACHUSETTS

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

P 12:18

RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE

10 APR 21 P 12:18
CITY CLERK'S OFFICE
SOMERVILLE, MA

In accordance with the provisions of Chapter 148, Section 13, of the
General Laws, the undersigned hereby certifies that:

IBRAHIM GALAL
620 BROADWY
SOMERVILLE

MA 02145 4444

Lic#: F-2010-032
B.O.A.#: 170646
Fee: \$500.00

Restricted to: 36,000 Gallons Total

Restricted as follows;

AMENDED 12/11/69, 01/08/87-36,000 GALS GASOLINE-550 GALS HEATING OIL-
550 GALS. WASTE OIL-1,000 GALS. MOTOR OIL, KEROSENE, ANTI-FREEZE

CONDITIONS: ALL VEHICLES SHALL BE SERVICED INSIDE THE BUILDING AND NOT ON
ANY PUBLIC OR PRIVATE WAY 2 ALL VEHICLES SHALL BE STORED WITHIN PROPERTY
LINE 3. HOURS OF OPERATION: SUNDAY THRU SATURDAY 6:00AM TO 11:00PM 4.

UPDATED CERTIFICATE OF OCCUPANCY MUST BE ISSUED BY ISD 5. PARKING-
NO BLOCKING OF THE SIDEWALK OR ANY PUBLIC WAY, INCLUDING DURING SNOW RE-
MOVAL PERIODS FOR ADDITIONAL CONDITIONS SEE ATTACHED SHEETS

Is the holder of the license originally granted 06/28/1934

for the lawful use of the building (s) or other structure (s) situated or
to be situated at 00620 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.

out of Service
617-628-3622
617-628-9408

Company Name: SOMERVILLE CITGO, INC.
Company Address: 00620 BROADWAY

TEL: 617-628-3622
617-628-9408

City: SOMERVILLE State: MA Zip: 02145

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

480-6442

Owner Name: IBRAHIM GALAL
Owner Address: 620 BROADWY

TEL: 617-235-3547

Owner City: SOMERVILLE State: MA Zip: 02145
FID#: 043579346

CITY CLERK'S OFFICE
SOMERVILLE, MA
200 MAY - 31 A 9 29

This Application must be signed and filed with the required fee later than
April 30, 2010. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by
04/30/2010 please advise this office at once.

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

Check One: Owner Occupant Holder

Smile

Signature of Applicant

620 Broadway

Address

Somerville

City

MA

State

02145

Zip

** Office Use Only **

Mailed

Taken

Received: CK 1024

5/5/10

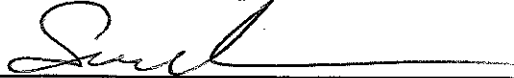
City Clerk

\$ 500-

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.



* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

043579346

** 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.

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: Shield
Address: 620 Broadway
City: Somerville State: MA Zip: 02144 Phone #: 617-628-9400

- ☐ I am an employer with _____ employees (full and/or part time).
☐ I am a sole proprietor or partnership and have no employees.
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
☐ We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type: ☒ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: TRAVELERS INS
Address: P.O. Box 4980
City: Orlando State: FL Zip: 32802 Phone #: 1800-842-0108
Policy #: 7 PLUB 0667 NO 78 Expiration Date: _____

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: [Signature] Date: 4/20/10
Print Name: Sukhinder S. Gill

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 _____



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: Shed

Address of taxpayer/applicant's business in Somerville: 620 BROADWAY

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) _____, 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:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

01025080 # 302057001 # 30055580 # _____

NOTES:

CLERK'S INITIALS: R

ORIGINAL STAMP:

received
4-27-10