

APPLICATION FOR EXTENDED OPERATING HOURS

2014 SEP 29 A 8:39

Nonrefundable Application Fee \$550.00

Date July 21, 2014

| | |
|---------------------------------------|-----------------------|
| FOR CITY CLERK'S OFFICE ONLY'S OFFICE | |
| Date Recorded | <u>SOMERVILLE, MA</u> |
| Amount Paid | |

- New Application
- Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

Business (DBA) Name: HESS 21521 Phone: (617) 628-3871

Applicant's Federal Employer Identification Number: 22-2462225

Applicant's Legal Name: HESS RETAIL OPERATIONS LLC

Applicant's Address (with Zip Code): 1 Hess Plaza, Woodbridge, NJ 07095 / 709 McGRATH Hwy.

Mailing Name (where we should send correspondence to): HESS RETAIL OPERATIONS LLC

Mailing Address (with Zip Code): 1 Hess Plaza, Woodbridge, NJ 07095

Emergency Contact: Andrew Bernstein Phone: (732) 390-7890

Type of Business (Check Only One and Provide the Names Indicated):

Sole Proprietor: Name of Owner: _____

Partnership (inc. LLP): Name of Partnership: _____
 Names of All Partners Who Own More Than 10%: _____

Trust: Name of Trust: _____
 Names of All Trustees Who Own More Than 10%: _____

Corporation: Name of Corporation: _____
 Name of President: _____
 Name of Secretary: _____ Name of Treasurer: _____

LLC: Name of LLC: HESS RETAIL OPERATIONS LLC
 Names of All Managers Who Own More Than 10%: SEE ATTACHED

Other (Attach a Description of the Form of Ownership and the Names of Owners)

Business (DBA) Name HESS 21521

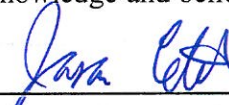
Extended hours requested (include hours of operation and days of week) SUN - SAT 24 HOURS

Type of business Gas Station/Convenient Store

Length of time at this location _____

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. 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 Applicant:  Date: 7/29/14

Print Name: JASON S. CETEL, ESQUIRE/POA Phone: (732) 390-7890

POLICE DEPT. (for new applicants or applicants further extending their hours):

The Chief of Police recommends that the application be

Approved

Denied

Signature: _____ Name and Title: _____

HESS RETAILS OPERATIONS, LLC

CORPORATE OFFICERS, TITLE & ADDRESS

| Name & Title | ADDRESS |
|--|--|
| Patrick McAndrew Vice-President | 61 Cedar Lake Road Denville, NJ 07834 |
| Kristy Cunningham Vice-President | 29 Crestview Avenue Madison, NJ 07940 |
| David Goodes Vice-President | 86 Forrest Avenue Fair Haven, NJ 07704 |
| Andrew Bernstein Vice-President & Assistant Secretary | 38 Dexter Road East Brunswick, NJ 08816 |
| Stuart Steigerwald Treasurer | 14 Bradford Road Edison, NJ 08820 |



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: HESS RETAIL OPERATIONS LLC

Address of taxpayer/applicant's business in Somerville: 709 McGrath Highway

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

Taxpayer/applicant's phone: day: (617) 628-3871 evening: (732) 750-6000

I, (print name) ANDREW BERSTEIN, VICE PRESIDENT/SECRETARY, 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 29 day of

July, 20 14. [Signature]

(Taxpayer's signature)
JASON S. CETEL, ESQUIRE/POA

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: _____

9887 # 144005001 # _____

NOTES:

CLERK'S INITIALS: UBS

ORIGINAL STAMP:

RECEIVED
Bancroft
9-29-14

**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: HESS RETAIL OPERATIONS LLC
 Address: 1 Hess Plaza
 City: Woodbridge State: NJ Zip: 07095 Phone #: (732) 390-7890

- I am an employer with .7 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: Liberty Insurance Company
 Address: c/o Willis of New York, Inc., 26 Century Boulevard / P. O. Box 305191
 City: Nashville State: TN Zip: 37230 Phone #: (877) 945-7378
 Policy #: WA762D004329023 Expiration Date: 9/1/2014

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: *Jason S. Cetel* Date: 7/29/14
 Print Name: JASON S. CETEL, ESQUIRE/POA

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 #: _____

(revised Jan. 2008)



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)
08/23/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|--|--|--|--|
| PRODUCER Willis of New York, Inc. c/o 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191 | | CONTACT NAME: PHONE (A/C. NO. EXT): 877-945-7378 FAX (A/C. NO): 888-467-2378 E-MAIL ADDRESS: certificates@willis.com | |
| INSURED Hess Corporation One Hess Plaza Woodbridge, NJ 07095 | | INSURER(S) AFFORDING COVERAGE INSURER A: Liberty Mutual Fire Insurance Company NAIC # 23035-001 INSURER B: Liberty Insurance Corporation 42404-001 INSURER C: INSURER D: INSURER E: INSURER F: | |

COVERAGES

CERTIFICATE NUMBER: 20252467

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | INSR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|------|------------------------------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR - \$500,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | EB2621004329063 | 9/1/2013 | 9/1/2014 | EACH OCCURRENCE \$ 4,500,000 DAMAGE TO RENTED PREMISES (Each occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 4,500,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 4,500,000 |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> See Below | | AS2621004329013 | 9/1/2013 | 9/1/2014 | COMBINED SINGLE LIMIT (Each accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | WA762D004329023 WC7621004329263 | 9/1/2013 9/1/2013 | 9/1/2014 9/1/2014 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 5,000,000 E.L. DISEASE - EA EMPLOYEE \$ 5,000,000 E.L. DISEASE - POLICY LIMIT \$ 5,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach Acord 101, Additional Remarks Schedule, if more space is required)
ALL OPERATIONS OF THE INSURED AND ALL OWNED, HIRED AND NON-OWNED VEHICLES.
* ABOVE LIMITS OF LIABILITY APPLY EXCESS OF A \$500,000 SELF INSURED RETENTION.

ADD'L SUBR

CERTIFICATE HOLDER

CANCELLATION

| | |
|-----------------------|---|
| Evidence of Insurance | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|-----------------------|---|