

TRANSFER OF STORAGE OF FLAMMABLES LICENSE

Nonrefundable Application Fee \$165.00

Date _____

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 1/28/16

Amount Paid \$805-RENEWAL FEE

☒ New Application with NO Change in Quantity

For the storage of 38055 Gallons

Business (DBA) Name: Sheld

Phone: 617-628-9400

Business Location in Somerville (with Zip Code): 620 Broadway Somerville

Applicant's Federal Employer Identification Number: 04-3579346

Applicant's Legal Name: GALAL F. IBRAHIM

Mailing Name (where we should send correspondence to): same

Mailing Address (with Zip Code): same

Emergency Contact: IBRAHIM

Phone: 781-5213120

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: Somerville Citygo DBA Sheld

Name of President: IBRAHIM

Name of Secretary: same

Name of Treasurer: same

☐ **LLC:** Name of LLC: _____

Names of All Managers Who Own More Than 10%: _____

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

Will you be selling gasoline via self-service pumps?

Y N

Have you ever obtained a storage of flammables license before?

Y N

If yes, list year, city and state 2005 - Same Location

Have you ever been denied a storage of flammables license?

Y N

If yes, list year, city and state _____

Have you ever had a storage of flammables license revoked or suspended?

Y N

If yes, list year, city and state _____

Describe all of the premises to be used in the business: _____

Describe your hours of operation: 6-10 Sunday, Saturday 7-10

Describe what materials you will be storing, and for what purpose Gasoline

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 only be effective for the listed location, will expire on April 30, and 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: [Signature] Date 4/28/16

Print Name: _____



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

Application to Renew Flammables License

S GILL LLC
620 BROADWAY
SOMERVILLE MA 02145

License #: BL15-000938

File #: 15-746

Fee: 605

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: SHIELD Business Location: 620 BROADWAY Business Phone: 617-628-9400	
License Holder: S GILL LLC 620 BROADWAY SOMERVILLE MA 02145	GALAL-IBRAHIM 620 BROADWAY Somerville 02145
Mailing Address: S GILL LLC 620 BROADWAY SOMERVILLE MA 02145	SHIELD 620 BROADWAY-Somerville 02145
Business Type: LLC SUKHJINDER GILL	COPR. Somerville City DBA Shield
FID: 000894487	04-3579346
Emergency Contact: SUKHJINDER GILL Phone: 617-592-2001	IBRAHIM 781-5213120
# of Gallons of Flammables to be Stored: 38055 Describe Flammables to be Stored: Not yet provided. Proposed Hours of Operation: Not yet provided.	

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: [Signature] Date: 4/

Printed Name: GALAL F. G. IBRAHIM Phone: 781-5213120



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: _____

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

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

Taxpayer/applicant's phone: day: 781-521-3120 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: 4/28 **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

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

2248 # 302051001 # 236 # _____

NOTES:

CLERK'S INITIALS: LB

ORIGINAL STAMP:

Received
LBanner
4-28-16

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: Somerville City Co. INC
Address: 620 BROAD Way
City: Somerville State: Ma Zip: 02145 Phone #: 781-521 3120
☒ 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. NORTH STAR
Address: 300 FIRST Ave Smt 100
City: Needham State: Ma Zip: 02494 Phone #: 781-431-2500
Policy #: IEUB-86787027-5-16 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: 4/26
Print Name: Carol IRRAHIN

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 _____