



CITY OF SOMERVILLE
 Commonwealth of Massachusetts
 93 Highland Avenue
 Somerville, MA 02143
 (617) 625-6600

2015 APR -9 A 10: 25

Application to Renew Flammables License

DRAKE PETROLEUM COMPANY, INC.
221 QUINEBAUG RD.
N. GROSVENORDALE CT 06255

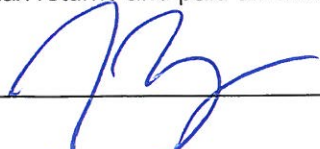
CITY CLERK'S OFFICE
 License #: ~~SOMERVILLE, MA~~ BL15-000517
 File #: 15-413
 Fee: 550

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: DRAKE PETROLEUM COMPANY, INC. Business Location: 360 MEDFORD ST Business Phone: 617-625-5555	
License Holder: DRAKE PETROLEUM COMPANY, INC. 221 QUINEBAUG RD. N. GROSVENORDALE CT 06255	
Mailing Address: DRAKE PETROLEUM COMPANY, INC. 221 QUINEBAUG RD. N. GROSVENORDALE CT 06255	
Business Type: Corporation DAVID PREBLE AMATO BRASIO <i>DiBiasio</i> JEFFREY WALKER	
FID: 042236089	
Emergency Contact: DAVE PREBLE Phone: 860-935-5200	
# of Gallons of Flammables to be Stored: 24210 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:  Date: 3/20/15

Printed Name: JASON FRIGON Phone: 401-731-9900



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Drake Petroleum Company Inc.

Address of taxpayer/applicant's business in Somerville: 360 Medford St. Somerville, MA 02145

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

Taxpayer/applicant's phone: day: 860-935-5200 evening: 860-935-5200

I, (print name) JASON FRIZON, 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 20TH day of

MARCH, 20 15. _____
(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: _____

9994 # 208628011 # _____ # NC Fee \$150.00

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

RECEIVED
UBaraw
4-9-15

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: Drake Petroleum Company Inc.
Address: 221 Quinebaug Road
City: North Grosvenordale State: CT Zip: 06255 Phone #: 860-935-5200

- 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

Workers' compensation insurance information (if applicable):

Insurance Company Name: Liberty Mutual Fire Insurance Company
Address: 175 Berkeley Street
City: Boston State: MA Zip: 02116 Phone #: 617-357-9500
Policy #: WA7-69D-460066-013 Expiration Date: 10-01-15

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: [Signature] Date: 3/20/15
Print Name: JASON FRIGON

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 _____