

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

**THE COMMONWEALTH OF MASSACHUSETTS**

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

**RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE**

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

CHARLES J. UGLIETTO Lic#: F-2011-165  
21 EDMUNDS WAY B.O.A.#:  
BELMONT MA 02478 4444 Fee: \$500.00

Restricted to: 16,800 Gallons Total  
Restricted as follows;  
16,800 GALS. FUEL OIL ABOVEGROUND

Is the holder of the license originally granted 12/10/1992  
for the lawful use of the building (s) or other structure to be situated or  
to be situated at 00020 MEDFORD ST  
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.

2011 APR 22 A 9:28  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

Company Name: CUBBY OIL CO., INC. TEL: 617-876-1885  
Company Address: 00020 MEDFORD ST

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: CHARLES J. UGLIETTO TEL: 617-484-1826  
Owner Address: 21 EDMUNDS WAY

Owner City: BELMONT State: MA Zip: 02478  
FID#: 042212270

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 X Occupant \_\_\_ Holder \_\_\_

Charles J. Uglietto  
Signature of Applicant

21 Edmunds Way  
Address

Belmont MA 02478  
City State Zip

\*\* Office Use Only \*\*  
Mailed \_\_\_\_\_  
Taken \_\_\_\_\_  
Received: 4-22-11 CK 3328  
500  
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.

Cubby Oil Co. Inc.

\* Signature of Individual or Corporate Name (Mandatory)

Charles J. Ughetto

By: Corporate Officer (Mandatory if a corporation)

042212270

\*\* 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: Cubby Oil Co. Inc.

Address of taxpayer/applicant's business in Somerville: 20 MEDFORD ST.

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-876-1885 evening: 617-549-0025

I, (print name) CHARLES J. ULIETTO, 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 3rd day of

April, 2011. Charles J. Ulietto  
(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: \_\_\_\_\_  
# 21683046      # 124001021      # 07320015

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: [Stamp]



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street, 7<sup>th</sup> Floor  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: Cubby Oil Company, Inc.  
 address: 20 Medford St.  
 city: SOMERVILLE state: MA zip: 02143 phone # 617-876-1885

work site location (full address):

- I am a sole proprietor and have no one working in any capacity. **Business Type:**  Retail  Restaurant/Bar/Eating Establishment  
 Office  Sales (including Real Estate, Autos etc.)  
 I am an employer with 22 employees (full & part time).  Other FUEL OIL + HVAC SALES  
 I am an employer providing workers' compensation for my employees working on this job.

company name: Cubby Oil Co. Inc  
 address: 20 MEDFORD ST.  
 city: SOMERVILLE, MA 02143 phone #: 617-876-1885  
 insurance co. Liberty Mutual Group policy # W01-315-333642-331

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: \_\_\_\_\_  
 address: \_\_\_\_\_  
 city: \_\_\_\_\_ phone #: \_\_\_\_\_  
 insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

company name: \_\_\_\_\_  
 address: \_\_\_\_\_  
 city: \_\_\_\_\_ phone #: \_\_\_\_\_  
 insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

Attach additional sheet if necessary

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: Charles F. Uglietto Date: 4/3/11  
 Print name: CHARLES F. UGLIETTO Phone #: 617-876-1885

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_  Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other \_\_\_\_\_

check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_  
(revised Sept. 2003)