

\$500.

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

2010 SEP 27 A 10:10

RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE

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:

CHARLES J. UGLIETTO

21 EDMUNDS WAY

BELMONT

MA 02478 4444

Lic#: F-2010-165

B.O.A.#:

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 (s) 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.

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, 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 \_\_\_

Charles J. Uglietto  
Signature of Applicant

21 Edmunds Way  
Address

Belmont, MA 02478  
City State Zip

\*\* Office Use Only \*\*  
Mailed \_\_\_  
Taken \_\_\_

Received: \_\_\_\_\_

City Clerk



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

1. Exact name of taxpayer/applicant's business: Cubby O.R. Co. Inc
2. Address of taxpayer/applicant's business in Somerville: 20 Medford St.
3. Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
4. Taxpayer/applicant's phone: day: 617-876-1885 evening: 617-484-4662

I, CHARLES J. UGLIETTO, 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 27<sup>th</sup> day of September, 2010. Charles J. Uglietto  
(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 # 12400102 # \_\_\_\_\_ # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

**received**  
9-27-10

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. Hester

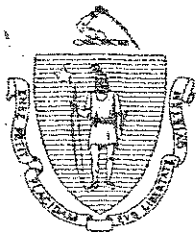
By: Corporate Officer (Mandatory, if a corporation)

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.



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 Co. Inc.  
address: 20 Masford 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 20 employees (full & part time). ☒ Other Fuel oil / Hvac  
☒ I am an employer providing workers' compensation for my employees working on this job.

company name: Genesis Consolidated Services  
address: 74 Blanchard Rd  
city: Burlington MA phone #: 1-800-653-7893  
insurance co. Liberty Mutual policy # WC1-315-333642-330

☐ 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 J. Melito Date: 9/24/10  
Print name: CHARLES J. MELITO 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 # \_\_\_\_\_  
☐ check if immediate response is required  
contact person: \_\_\_\_\_ phone #: \_\_\_\_\_  
☐ Building Department  
☐ Licensing Board  
☐ Selectmen's Office  
☐ Health Department  
☐ Other \_\_\_\_\_

(revised Sept. 2003)

Sep 15, 12:11 EDT by: Liberty Mutual Ins. (09:27) Page 2 of 2



Liberty Mutual Group

P.O. Box 9090  
Dover, NH 03821-9090  
Telephone: (800) 653-7893  
Fax: (603) 334-8162  
E-Mail: IMS@LibertyMutual.com

September 15, 2010

MINUTEMAN INS AGCY  
76 BLANCHARD ROAD  
BURLINGTON, MA 01803

RE: Workers Compensation Insurance

Insured: GENESIS CONSOLIDATED SERVICES INC  
Policy number: WC1-31S-333642-330  
Effective date: January 01, 2010

This confirms that as of the date of this letter, the above named entity - GENESIS CONSOLIDATED SERVICES INC - covers the employees of the insured leased to: CUBBY OIL CO INC, 20 MEDFORD STREET, SOMERVILLE, MA has a valid workers compensation policy with coverage for the state of Massachusetts effective from 01/01/2010 through 01/01/2011. The policy number for this coverage is WC1-31S-333642-330.

Sincerely,

Anne Chandler  
Involuntary Market Operations

cc: