

STORAGE OF FLAMMABLES LICENSE APPLICATION

Nonrefundable Application Fee N/A

Date 2/22/2016

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>3/2/16</u>
Amount Paid	<u>NO FEE - STATE PROVIDER</u>

☐ New Application

For the storage of 390,510 Gallons

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Business (DBA) Name: Keolis Commuter Services, LLC Phone: 617-222-8009

Business Location in Somerville (with Zip Code): 70 3rd Ave Somerville 02143

Applicant's Federal Employer Identification Number: 35-2478227

Applicant's Legal Name: Keolis Commuter Services, LLC

Mailing Name (where we should send correspondence to): Clary Coutu

Mailing Address (with Zip Code): 470 Atlantic Avenue, 5th Floor, Boston MA 02210

Emergency Contact: _____ Phone: 617-222-8009

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: Keolis Commuter Services, LLC

Names of All Managers Who Own More Than 10%: Managers have no ownership interests in LLC

☐ **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 _____

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: _____

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

Diesel Fuel, Lube Oil, Waste Oil, Waste Antifreeze

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:  Date 02/26/16

Business Name: Keolis Commuter Services, LLC

Business Address: 470 Atlantic Avenue, 5th Floor, Boston MA 02210

March 4, 2016

2016 MAR -7 P 4:06

Somerville City Clerk
Attn: John Long
93 Highland Avenue
Somerville, MA 02143

CITY CLERK'S OFFICE
SOMERVILLE, MA

RE: Somerville Flammables License Application for Keolis Commuter Services
Facilities

To Mr. Long:

Eclipse, a division of Environmental Compliance Services, Inc. is an environmental and compliance consulting firm retained by Keolis Commuter Services LLC to assist in its storage tank compliance program. In that role, I am writing to submit the Storage of Flammables License application for three facilities operated by Keolis in Somerville.

Please find enclosed the following documentation:

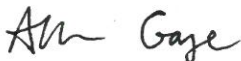
- Application for facility located at 70 3rd Ave
- Application for facility located at 132 Washington Street
- Application for facility located at 23 Rear Inner Belt Road
- Workers Compensation Insurance Affidavit

Our client requests that if you will be issuing certificates, please send them back to me at the following address:

ECS Eclipse
Attn: Allison Gage
588 Silver St.
Agawam, MA 01001

If you should have any questions or require any additional information please feel free to call Allison at 413-233-9322 or email at agage@ecsconsult.com.

Sincerely,
Eclipse, a division of Environmental Compliance Services, Inc.



Allison Gage
Compliance Analyst



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: KEOLIS COMMUTER SVCS

Address of taxpayer/applicant's business in Somerville: 70 3RD AVE

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

Taxpayer/applicant's phone: day: _____ 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: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

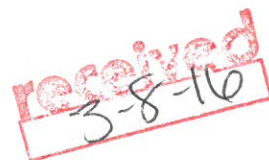
☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

_____ # 661021012 # _____ # ✓

NOTES:

CLERK'S INITIALS: BK

ORIGINAL STAMP:



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: Keolis Commuter Services, LLC

Address: 470 Atlantic Avenue, 5th Floor

City: Boston

State: MA

Zip: 02210

Phone #: 617-222-8009

- ☒ I am an employer with 2,000 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 Transportation Services

Workers' compensation insurance information (if applicable):

Insurance Company Name: Not Applicable (governed by FELA)

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

Policy #: _____

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: David T. Mittra

Date: 2/26/16

Print Name: David T. Mittra, General Counsel, KCS

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)