

#### CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

#### APPLICATION TO RENEW FLAMMABLES LICENSE

License #: 497

MOBIL MART PLUS INC. 379 ALEWIFE BROOK PKWY SOMERVILLE, MA 02144 City #F4
Fee: 550.00

Account ID:

550.00 390

Reference #:

497

Review and update the information below. <u>If you have workers compensation insurance</u>, 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: MOBIL MART PL Business Location: 379 ALEWIFE BR Business Phone: 617-625-2230						
License Holder: MOBIL MART PLUS INC. 379 ALEWIFE BROOK PKWY SOMERVILLE, MA 02144 617-625-2230		2014 CIT.				
Mailing Address: MOBIL MART PLUS INC. 379 ALEWIFE BROOK PKWY SOMERVILLE, MA 02144	· ** 5/* *	TY CLERK'S SOMERVILL				
Business Type: CORPORATION (INC. LLC) PRESIDENT - FIORE SCIUCCO SECRETARY - FIORE SCIUCCO TREASURER - FIORE SCIUCCO		A IO: 51 OFFICE E. MA				
FID: <b>042831621</b>						
Food Manager/Emergency Contact: FIORE A. SCIUCCO	781-572-0429					

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: MO-SU 5 AM - MIDNIGHT

Description	of Location	and/or	Other	Conditions:

Originally Issued 2/27/1930, Amended 07/09/36, 12/28/53, 04/10/75, 12/13/90. 32,000 Gals. Gasoline. 1,300 Gals. Motor Oil. 300 Gals Waste Oil. 50 Gals Of Anti-Freeze.

Thereby certify under the penalties of penuty 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	3.7.	.14				
Print Name: Fisce Scinico	Phone	617	625.	2230			



## City of Somerville, Massachusetts Finance Department, Treasury Division

## CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business:	nobil Mart Plus, Inc							
Address of taxpayer/applicant's business in Somerville: 379 Alevife Brook Pr								
Address of taxpayer/applicant's home in Somerville:								
Taxpayer/applicant's phone: day: 617 625 2230 evening: 781 572 0429								
I, (print name) To Ce Colucto, 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 PENALT	IES OF PERJURY, this 7 1 day of							
Murch ,2014. (Taxpayer's signature)								
CITY'S ACKNOWLEDGEMENT								
DATE OF ISSUANCE: INCLUDES RELEVANT POSTINGS THROUGH:								
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:								
Real Estate	□ Personal Property □ Other:							
	# #							
NOTES:								
CLERK'S INITIALS:	ORIGINAL STAMP: 3/10/14							

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

## Workers' Compensation Insurance Affidavit - General Business

pplicant information:
me: Flure A. Schulla
279 Alenste Brook Parkun
y: Somerville State: MA Zip: 02/44 Phone #: 617 6252230
I am an employer with employees Business Type:  (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 C 4
orkers' compensation insurance information (if applicable):
urance Company Name: Artex - Zulich American Insurance C
dress: 8800 E, Chyparial Rl.
y: Scotts dule State: AZ Zip: 85250 Phone #: 4/80 951 4177
licy #: W C 48 42 053 03 Expiration Date: 01-01-15
plicant certification:
lure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up \$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 00.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA coverage verification.
hereby certify under the pains and penalties of perjury that the information provided above is true and correct.
nature:
nt Name: Tisce A. Sciulo
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
Contact Person: Phone #: Other

(revised Jan. 2008)



#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 12/18/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

	ne terms and conditions of the policy, ertificate holder in lieu of such endors				ndorsen	nent. A sta	tement on th	is certificate does not o	onfer r	ights to the
	DUCER				CONTAC NAME:	T				4
Andrew Atsaves c/o Artex Risk Solutions, Inc. 8800 E. Chaparral Rd, Suite 230			PHONE (A/C, No, Ext); (480) 951-4177 FAX (A/C, No): (480)				(480) 9	951-4266		
Sc	ottsdale, AZ 85250				ADDRESS: INSURER(S) AFFORDING COVERAGE					NAIC#
					INSURER			rance Company		16535
INS	JRED				INSURER					
	enesis HR Solutions, Inc.				INSURER	C:				
	ne Burlington Woods Dr. Suite 203 rlington, MA 01803-4552				INSURER	D:				
	1111gton, 1000 4002					RE:				
					INSURER	F:				
				E NUMBER: 14MA603806				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY IXCLUSIONS AND CONDITIONS OF SUCH	QUIF	REME	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY ED BY T	CONTRACT HE POLICIE	OR OTHER I	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS
INSR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY	inton	1000				(111122211111	EACH OCCURRENCE	\$	
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$	
					1			PERSONAL & ADV INJURY	\$	
l								GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	
	POLICY PRO- JECT LOC							COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)	\$	
	ANY AUTO ALL OWNED SCHEDULED		2					BODILY INJURY (Per person)	\$	
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
_	UMBRELLA LIAB OCCUB							FARLI GOOLIDDENOS		***
	- CCCOR							AGGREGATE	\$	
	CLAING-WADE							AGGREGATE	\$	
	WORKERS COMPENSATION							X WC STATU- TORY LIMITS OTH- ER	•	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WO 40 40 050 00		01/01/2014	01/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
Α				WC 48-42-053-03	10			E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
								E.L. DISEASE - POLICY LIMIT	\$	1,000,000
				Location Coverage Perio	od:	01/01/2014	01/01/2015	Client# 1692-MA		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  Mobil Mart Plus, Inc 379 Alewife Brook Pkwy Somerville, MA 02144 subcontractors of:										
CE	RTIFICATE HOLDER				CANCE	LLATION				
	Exxon Mobil Oil Corporation				SHOU	LD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C	ANCELL	ED BEFORE

c/o AMCS P.O. Box 2020 Conway, AR 72033 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE