



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW FLAMMABLES LICENSE

MOBIL MART PLUS INC.
379 ALEWIFE BROOK PKWY
SOMERVILLE, MA 02144

License #: **497**
City #F4
Fee: **550.00**
Account ID: **390**
Reference #: **497**

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: MOBIL MART PLUS INC. Business Location: 379 ALEWIFE BROOK PKWY Business Phone: 617-625-2230	
License Holder: MOBIL MART PLUS INC. 379 ALEWIFE BROOK PKWY SOMERVILLE, MA 02144 617-625-2230	
Mailing Address: MOBIL MART PLUS INC. 379 ALEWIFE BROOK PKWY SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) PRESIDENT - FIORE SCIUCCO SECRETARY - FIORE SCIUCCO TREASURER - FIORE SCIUCCO	
FID: 042831621	
Food Manager/Emergency Contact: FIORE A. SCIUCCO 781-572-0429	

2014 MAR 10 A 10:51
CITY CLERK'S OFFICE
SOMERVILLE, MA

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.

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: Fiore Sciucco Date: 3.7.14
Print Name: Fiore Sciucco Phone: 617 625.2230



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Mobil Mart Plus, Inc
Address of taxpayer/applicant's business in Somerville: 379 Alewife Brook Pkwy
Address of taxpayer/applicant's home in Somerville: Same
Taxpayer/applicant's phone: day: 617 625 2230 evening: 781 572 0429

I, (print name) Fiore Sciullo, 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 7th day of March, 2014. [Signature]
(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: _____

333 # 344024011 # 11 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



See Att.

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

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: Fiore A. Sciullo
Address: 379 Alewife Brook Parkway
City: Somerville State: MA Zip: 02144 Phone #: 617 625 2230

- I am an employer with ___ 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
- We are a nonprofit organization staffed by volunteers and have no employees. Entertainment
- We are a nonprofit organization staffed by volunteers and have no employees. Manufacturing
- We are a nonprofit organization staffed by volunteers and have no employees. Health Care
- Other Lease 4

Workers' compensation insurance information (if applicable):

Insurance Company Name: Artes - Zurich American Insurance Co.
Address: 8800 E. Chuparral Rd.
City: Scottsdale State: AZ Zip: 85250 Phone #: 480 951 4177
Policy #: WC 48 42 053 03 Expiration Date: 01-01-15

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: Fiore A. Sciullo Date: 3.7.14
Print Name: Fiore A. Sciullo

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 _____

