

CK 190560

\$550



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

APPLICATION TO RENEW FLAMMABLES LICENSE

DRAKE PETROLEUM COMPANY, INC.
221 QUINEBAUG RD.
N. GROSVENORDALE, CT 06255

License #: 517
City #F92
Fee: 550.00
Account ID: 413
Reference #: 517

7014

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: For SOMERVILLE MOBIL Business Location: 360 MEDFORD ST Business Phone: 617-625-5555	
License Holder: DRAKE PETROLEUM COMPANY, INC. 221 QUINEBAUG RD. N. GROSVENORDALE, CT 06255 617-625-5555	
Mailing Address: DRAKE PETROLEUM COMPANY, INC. N. GROSVENORDALE, CT 06255	
Business Type: CORPORATION (INC. LLC) TREASURER - AMATO DIRIASIO PRESIDENT - DAVID PREGLE	
FID: 042236089	
Food Manager/Emergency Contact: DAVE PREGLE 860-935-5200	Dave Preble (President)

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 11/26/1929, Amended 11/24/31, 12/10/31, 10/14/37, 07/24/75, 09/09/82. 5,000 Gals. Diesel. 19,000 Gals. Gasoline. 150 Gals. Lub Oil. 60 Gals. 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: 

Date 03-08-2013

Print Name: Lenny Antos

Phone 860-935-5200

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: Drake Petroleum Co. Inc.

Address: 221 Quinebaug Rd.

City: N. Grosvenordale

State: CT

Zip: 06255 Phone #: 860-935-5208

- ☒ I am an employer with _____ employees
(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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: ACE American Insurance Company

Address: 4316 Walnut St.

City: Philadelphia

State: PA

Zip: 19102

Phone #: _____

Policy #: C43120037

Expiration Date: 7/1/13

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: [Signature]

Date: 03-08-2013

Print Name: Lenny Antos

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Drake Petroleum Company Inc.

Address of taxpayer/applicant's business in Somerville: 360 Medford St. Somerville, MA
02145

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

Taxpayer/applicant's phone: day: 800-243-6366 evening: 800-243-6366

I, (print name) Lenny Antos, 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 8th day of
March, 20 13. [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: _____

9805 # 208028011 # 835 # _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:



RECEIVED
K 3-18-13