

2015 SEP 17 PM 3:12

TRANSFER OF STORAGE OF FLAMMABLES LICENSE

Nonrefundable Application Fee \$150.00

Date September 10, 2015

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

☒ **New Application with NO Additions or Changes** *For the storage of* 45,000 **Gallons**

☐ **Renewing Application with Additions or Changes**

☐ **Renewing Application with NO Additions or Changes**

Business (DBA) Name: Speedway #02513 Phone: 617-628-3871

Applicant's Federal Employer Identification Number: 31-1551430

Applicant's Legal Name: SPEEDWAY LLC

Applicant's Address (with Zip Code): 709 McGrath Highway, Somerville, MA 02145

Mailing Name (where we should send correspondence to): 500 Speedway Drive

Mailing Address (with Zip Code): Enon, Ohio 45323

Emergency Contact: Scott J. Fleming Phone: 937-863-6624

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: SPEEDWAY LLC

Names of All Managers Who Own More Than 10%: N/A

☐ **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

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: NO CHANGES

Describe your hours of operation: NO CHANGES

Describe what materials you will be storing, and for what purpose NO CHANGES

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 September 10, 2015

Print Name: Jason S. Cetel, Esq., Attorney-in-Fact for Speedway LLC

GRAY ROBINSON

ATTORNEYS AT LAW

Jandianne J. Chamberlin, CP, FRP
Licensing Specialist

813-273-5029

JANDIANNE.CHAMBERLIN@GRAY-ROBINSON.COM

CITY CLERK'S OFFICE
SOMERVILLE, MA

SUITE 2700
401 E. JACKSON STREET (33602)
POST OFFICE BOX 3324
TAMPA, FL 33601-3324
TEL 813-273-5000
FAX 813-273-5145
gray-robinson.com

BOCA RATON
FORT LAUDERDALE
JACKSONVILLE
KEY WEST
LAKELAND
MELBOURNE
MIAMI
NAPLES
ORLANDO
TALLAHASSEE
TAMPA

September 16, 2015

Via Federal Express

Mr. John J. Long
City Clerk's Office
City of Somerville
93 Highland Avenue
Somerville, MA 02143

RE: Application for Transfer of Storage of Flammables License
Speedway Store #02413 – 709 McGrath Highway, Somerville

Dear Mr. Long:

This correspondence is a follow-up to your recent e-mails with our office with regard to our client, Speedway LLC's and their corporate restructuring with Hess Retail Operations LLC.

Enclosed please find Speedway LLC's completed Transfer of Storage of Flammables License Application, Certificate of Good Standing and Worker's Compensation Insurance Affidavit for Speedway Store #02413 (709 McGrath Highway). Also enclosed is our firm's check for \$150.00, as payment of the application fee.

It is our understanding that after your office has the Certificate of Good Standing signed by the Treasury, the Application for Transfer will be submitted to the Board of Alderman and a hearing will be scheduled. It is also our understanding that no one needs to appear at the hearing on behalf of Speedway LLC, and you will advise us as to the Board of Alderman's decision. Please advise me immediately, if our understanding is incorrect, so that we may proceed accordingly.

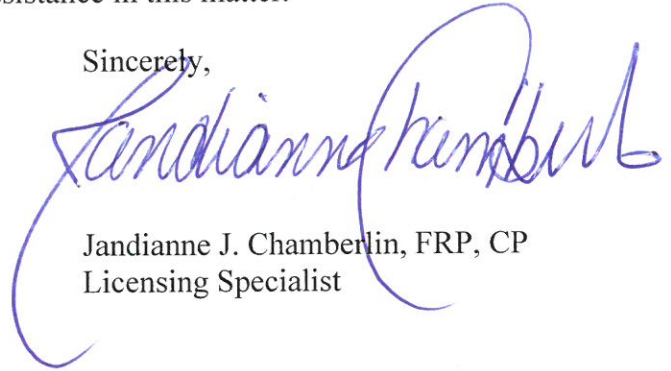
Once the new license is issued, please provide our office with same. A self-addressed, stamped envelope is enclosed for your convenience.

Page 2 of 2, September 16, 2015
Mr. John L. Long - City Clerk of Somerville
RE: Speedway LLC - Speedway Store #2513

Please do not hesitate to contact me at my phone number or e-mail shown above if you have any questions. If I am not available, please feel free to contact my assistant, Traci. You can reach her directly at 813-273-5225 or via email at: Traci.Zimmerman@Gray-Robinson.com

Thank you for your cooperation and assistance in this matter.

Sincerely,



Jandianne J. Chamberlin, FRP, CP
Licensing Specialist

JJC/tmz
Enclosures:



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

21521
550

215 12-8 12:07

Application to Renew Flammables License

HESS #21521
1 HESS PLAZA
WOODBIDGE NJ 07095

License #: BL15-000515
File #: 15-411
Fee: 550

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: HESS #21521 Business Location: 709 MCGRATH HWY Business Phone: 617-628-3871	
License Holder: HESS #21521 1 HESS PLAZA WOODBIDGE NJ 07095	
Mailing Address: HESS #21521 1 HESS PLAZA WOODBIDGE NJ 07095	
Business Type: Corporation HESS RETAIL HOLDINGS LLC	
FID: 465271388	
Emergency Contact: ED SALAZAR Phone: 617-792-9992	
# of Gallons of Flammables to be Stored: 45950 Describe Flammables to be Stored: Not yet provided. Proposed Hours of Operation: Not yet provided.	24 hrs / 7 days

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: 3/25/15

Printed Name: _____ Phone: 732 750 6350

Janice Flaherty
License Coordinator



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Speedway, LLC d/b/a Speedway #2513

Address of taxpayer/applicant's business in Somerville: 709 McGrath Highway, Somerville, MA 02145

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

Taxpayer/applicant's phone: day: 937-863-6870 evening: 937-863-6870

I, John Harris, Power of Attorney, 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 14th day of
September, 2015.

(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: ____
9959 # 144005001 # 799 # _____

NOTES:

CLERK'S INITIALS: UR

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: SPEEDWAY LLC
Address: 500 Speedway Drive
City: Enon State: OH Zip: 45323 Phone #: 937-863-6624

☒ I am an employer with 10+ 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 _____

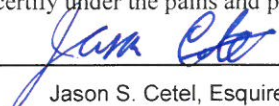
Workers' compensation insurance information (if applicable):

Insurance Company Name: Old Republic Insurance Company
Address: 133 Oakland Avenue
City: Greensburg State: PA Zip: 15601 Phone #: 724-834-5000
Policy #: MWC30512700 Expiration Date: July 1, 2016

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:  Date: September 10, 2015
Print Name: Jason S. Cetel, Esquire, Attorney-in-Fact for Speedway, LLC

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 _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/22/2015

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 the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hylant Group - Cleveland 6000 Freedom Sq Dr, Ste 400 Independence OH 44131	CONTACT NAME: Melissa Love		FAX (A/C, No): 216-447-4088
	PHONE (A/C, No, Ext): 216-447-1050		
E-MAIL ADDRESS:			
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURER A : Old Republic Insurance Co		24147	
INSURER B :			
INSURER C :			
INSURER D :			
INSURER E :			
INSURER F :			

COVERAGES CERTIFICATE NUMBER: 376100608 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			MWC30512700	7/1/2015	7/1/2016	X WC STATUTORY LIMITS	OTH-ER
							E.L. EACH ACCIDENT	\$5,000,000
							E.L. DISEASE - EA EMPLOYEE	\$5,000,000
							E.L. DISEASE - POLICY LIMIT	\$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

Evidence of Insurance - Speedway

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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