CITY OF SOMERVILLE

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

2016 MAR 16 A 9:43

CITY CLERK'S OFFICE
SOMERVILLE, MA

Application to Renew Flammables License

LUB-O-LINE INDUSTRIAL OIL CO., INC.
9 FLORENCE ST
SOMERVILLE MA 02145

License #: BL15-000529
File #: 15-429
Fee: 605

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: LUB-O-LINE INDUSTRIAL OIL CO., INC. **Business Location:** 9 FLORENCE ST **Business Phone:** 617-776-4490	
License Holder: LUB-O-LINE INDUSTRIAL OIL CO., INC. 9 FLORENCE ST SOMERVILLE MA 02145	
Mailing Address: LUB-O-LINE INDUSTRIAL OIL CO., INC. 9 FLORENCE ST SOMERVILLE MA 02145	
Business Type: Corporation NORMA WATERMAN NORMA WATERMAN RAYMOND HUMES JR.	
FID: 042227408	
Emergency Contact: NORMA WATERMAN **Phone:** 603-673-6061	
# of Gallons of Flammables to be Stored: 9000 **Describe Flammables to be Stored:** Not yet provided. **Proposed Hours of Operation:** Not yet provided.	6000 gal. 2-(3000) Tankers 5:00A.M.-2:P.M. M-F

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: Norma Waterman Date: 3/16/2016

Printed Name: Norma Waterman Phone: 603 673 6061

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Lub-O-Line Industrial OI. Co.Inc.

Address of taxpayer/applicant's business in Somerville: 9 Florence Street

Address of taxpayer/applicant's home in Somerville: 50 Walnut Hill Rd. Amherst NH

Taxpayer/applicant's phone: day: 617 776 4489 evening: 603 673 6061

I, (print name) Norma Waterman, 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

March, 2016. Norma Waterman
(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: Excise

5730 # 10807001 # 473

NOTES:

CLERK'S INITIALS: UB **ORIGINAL STAMP:**

Received LBarnes 3-16-16

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143
(617) 625-6600 EXT. 3500 • TTY: (866) 808-4851 • FAX: (617) 666-9682
WWW.SOMERVILLEMA.GOV

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: Lub-O-Line Industrial Oil Co., Inc.

Name: ~~Lub-O-Line Indistrial Oil Co., Inc.~~

Address: 9 Florence Street

City: Somerville State: MA Zip: 02145 Phone #: 617 776 4490

☑ I am an employer with 4 ~~44~~ 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 Group

Address: P.O. Box 3556

City: Orlando State: FL Zip: 32492 Phone #: 1 800 453 9843

Policy #: 4682P290-15 Expiration Date: 6/2/2016

Applicant certification: Norma Waterman

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: Norma Waterman Date: 3/ 2016

Print Name: Norma Waternan

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)

VDAC

ace group

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

TYPE AR **INFORMATION PAGE WC 00 00 01 (A)**

POLICY NUMBER: (6S62UB-4682P29-0-15)

RENEWAL OF (6S62UB-4682P29-0-14)

INSURER: ACE AMERICAN INSURANCE COMPANY

1. **NCCI CO CODE:** 12165

INSURED:

LUB-O-LINE INDUSTRIAL OIL CO INC
9 FLORENCE STREET
SOMERVILLE MA 02145-4306

PRODUCER:

BROWN & BROWN OF NEW
PO BOX 1510
MERRIMACK NH 03054

Insured is A CORPORATION

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 06-02-15 to 06-02-16 12:01 A.M. at the insured's mailing address.

3. A. **WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

MA

B. **EMPLOYERS LIABILITY INSURANCE:** Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident:	$	500000	Each Accident
Bodily Injury by Disease:	$	500000	Policy Limit
Bodily Injury by Disease:	$	500000	Each Employee

C. **OTHER STATES INSURANCE:** Part Three of the policy applies to the states, if any, listed here:

COVERAGE REPLACED BY ENDORSEMENT WC 20 03 06B

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made ANNUALLY.

DATE OF ISSUE: 05-21-15 WC
OFFICE: ORLANDO DA ACE 24M
PRODUCER: BROWN & BROWN OF NEW

ST ASSIGN: MA

25NYR

020925