

**CITY OF SOMERVILLE**

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

Application to Renew Flammables License

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

License #: BL15-000849
File #: 15-429
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: 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: 8250 Describe Flammables to be Stored: Not yet provided. Proposed Hours of Operation: Not yet provided. | <i>N/A</i> <i>6:00 AM - 2:00 PM</i> |

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: 4/6/15

Printed Name: NORMA WATERMAN Phone: 603-672-0784

2015 APR -6 A 11:59
CITY CLERK'S OFFICE
SOMERVILLE, MA



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: sub-O-Line Industrial Oil 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 4490 evening: 603 672 0784

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 6th day of April, 20 15. 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

108070011

473

27797-277800

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:



RECEIVED
UR Baran
4-6-15

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

Address: 9 Florence Street

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

- ☒ I am an employer with 5 employees Business Type: ☒ Retail
(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.
- ☐ 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: 32402 Phone #: 1-800-453-9823

Policy #: 4632P290

Expiration Date: 6/2/13

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: Norma Waterman Date: April 26, 2015

Print Name: Norma Waterman

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



ace group

VDAC

THIS IS A QUOTE, NOT A POLICY

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

QUOTE PROFILE — VERSION 01

POLICY NUMBER: (6S62UB-4682P29-0-14)

RENEWAL OF (6S62UB-4682P29-0-13)

INSURED'S NAME AND ADDRESSLUB-O-LINE INDUSTRIAL OIL CO
INC
9 FLORENCE STREET
SOMERVILLE MA 02145-4306WORKERS COMPENSATION
INSURANCE PLAN

A/R (WCIP) # MA

POLICY PERIOD FROM: 06-02-14 TO 06-02-15

| | | |
|---|----|------|
| TOTAL ESTIMATED ANNUAL STANDARD PREMIUM | \$ | 5533 |
| PREMIUM DISCOUNT | | NONE |
| 0900-20 EXPENSE CONSTANT | | 338 |
| TERRORISM | | 41 |
| TOTAL ESTIMATED PREMIUM | | 5912 |
| TAXES AND SURCHARGES | | 186 |
| DEPOSIT AMOUNT DUE | | 6098 |

| | | |
|-----------------------------------|--------|---------------|
| Employer's Liability BI Limit: \$ | 500000 | Each Accident |
| | 500000 | Policy Limit |
| | 500000 | Each Employee |

INSURER: ACE AMERICAN INSURANCE COMPANY

Adjustments of Premiums shall be made ANNUALLY

***** Deposit Amount Due: \$ 6098 *****

POLICY NUMBER: (6S62UB-4682P29-0-14)

DATE OF ISSUE: 05-07-14 LP

OFFICE: ORLANDO DA ACE 24M

PRODUCER: BROWN & BROWN OF NEW HAM 25NYR

ST ASSIGN: MA

CITY CLERK'S OFFICE
SOMERVILLE, MA
2015 APR 6 A 11:59