

NOTE: COMPLETE FORM AND FOWARD WITH FEE TO CITY CLERK' OFFICE.
DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFTY.

\$500 paid

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION
1010 COMMONWEALTH AVE. BOSTON

RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE

In accordance with the provisions of Chapter 148, Section 13, of the General Laws, the undersigned hereby certifies that:

DRAKE PETROLEUM COMPANY, INC.
221 QUINEBAUG ROAD
N.GROSVENORDALE CT 06255 4444

Lic#: F-2011-092
B.O.A.#: 185417
Fee: \$500.00

Restricted to: 24,210 Gallons Total

Restricted as follows;

AMENDED 11/24/31, 12/10/31, 10/14/37, 07/24/75, 09/09/82

SALE - SELF-SERVICE

5,000 GALS. DIESEL

19,000 GALS. GASOLINE

150 GALS. LUB OIL

60 GALS. ANTI-FREEZE

12/13/2007 TRANSFERRED BOA #184686

CITY CLERK'S OFFICE
SOMERVILLE, MA

2011 APR 21 A 9:09

Is the holder of the license originally granted 11/26/1926 for the lawful use of the building (s) or other structure (s) situated or to be situated at 00360 MEDFORD ST as related to the KEEPING, STORAGE, MANUFACTURE, OR SALE OF FLAMMABLES OR EXPLOSIVES. City of Somerville.

Note: This Certificate of Registration must be signed by the holder of the license if said license was granted prior to July 1, 1936, otherwise by the owner or occupant of the land licensed.

KINDLY CORRECT ANY ERRORS LISTED ON OUR CURRENT RECORDS ABOVE, AND COMPLETE THE LOWER SECTION OF THIS RENEWAL APPLICATION.

Company Name: DRAKE PETROLEUM COMPANY, INC. TEL: 860-935-5200
Company Address: 00360 MEDFORD ST

City: SOMERVILLE State: MA Zip: 02145

Check One: Gov't Partner
Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Ship ___ Other

Owner Name: DRAKE PETROLEUM COMPANY, INC. TEL: 860-935-5200
Owner Address: 221 QUINEBAUG ROAD

Owner City: N.GROSVENORDALE State: CT Zip: 06255
FID#: _____

This Application must be signed and filed with the required fee no later than April 30, 2011. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by 04/30/2011 please advise this office at once.

This renewal application must be signed by the holder of the license.

Check One: Owner ___ Occupant ___ Holder X

[Signature]
Signature of Applicant

221 Quinebaug Road
Address

N. Grosvenordale CT 06255
City State Zip

** Office Use Only **

Mailed _____

Taken _____

Received: _____

City Clerk


MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

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.

DRAKE PETROLEUM COMPANY, INC.

* Signature of Individual or Corporate Name (Mandatory)

 B. J. [Signature] - Treasurer
By: Corporate Officer (Mandatory, if a corporation)

04-2236089

** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: DRAKE PETROLEUM COMPANY, INC.

Address of taxpayer/applicant's business in Somerville: 360 NEEDHAM ST. SOMERVILLE, MA
02145

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

Taxpayer/applicant's phone: day: (800) 243-6366 evening: (800) 243-6366
DRAKE PETROLEUM COMPANY, INC.

I, (print name) ANNE G. DI BIASIO - TREASURER, 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

APRIL, 20 11. [Signature]
(Taxpayer's signature) TREASURER

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: _____

13443089 # 20808011 # 30053930 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:



4-21-11



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street, 7th Floor
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: Drake Petroleum Company Inc

address: 221 Quinebaug Road

city: N. Goshenwade

state: CT

zip: 06255

phone # 860-935-5200

work site location (full address):

☐ I am a sole proprietor and have no one working in any capacity. Business Type: ☒ Retail ☐ Restaurant/Bar/Eating Establishment.

☐ Office ☐ Sales (including Real Estate, Autos etc.)

☒ I am an employer with _____ employees (full & part time). ☐ Other

☐ I am an employer providing workers' compensation for my employees working on this job.

company name: Ace American Insurance Company

address: 436 Walnut Street PO Box 1000

city: Philadelphia, PA 19106-3703

phone #: 617-727-4900

insurance co. Wells Fargo Insurance

policy # C4438257A

☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name:

address:

city:

phone #:

insurance co.

policy #

company name:

address:

city:

phone #:

insurance co.

policy #

Attach additional sheet if necessary

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] - Treasurer

Date

4/14/11

Print name

Amos G. DiBiasio

Phone #

860-935-5200

official use only

do not write in this area to be completed by city or town official

city or town:

permit/license #

☐ Building Department

☐ Licensing Board

☐ Selectmen's Office

☐ Health Department

☐ Other

☐ check if immediate response is required

contact person:

phone #:

(revised Sept. 2003)