



**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

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

2014 MAR 31 P 1:31  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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 March 25, 2014  
Print Name: Amato G. Diriasio Phone \_\_\_\_\_



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) Ann G. DiBenedetto, 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 \_\_\_\_\_, 20\_\_\_\_, [Signature] - Treasury  
(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:  
# 9920      # 208028011      # 832      # NK 65 -  
SEE ATTACHED.

**NOTES:**

**CLERK'S INITIALS:** [Signature]      **ORIGINAL STAMP:** [Stamp]

CNEDIT-V NON-CRIMINAL DATABASE FINE: \$ 65.00

ISSUE DATE: 3/17/2014 TIME: 12:17 pm TICKET NO: 52970

LOCATION-NUMBER: 00360 STREET: MEDFORD ST U: ST-CD: 0733

\*\*\*\* PROPERTY INFORMATION - RE# 13443089 - MBL: 061-G00001 \*\*\*

OWNER: MARTIGNETTI ANTHONY ADDRESS: P O BOX 45452  
CO-OWNER: SOMERVILLE MA 02145

IS OWNER [Y/N]? N \*\*\*\*\* OFFENDER INFORMATION \*\*\*\*\*

HEARING SET [Y/N]? Y 4/17/2014 OFFENDER: STOP IN SAVE

COURT INFO AVAILABLE [Y/N]? N

COURT DATE: ADDRESS: 360 MEDFORD ST

DEPARTMENT [Y/N]? N SOMERVILLE, MA 02145

\*\*\*\*\* FINE INFORMATION \*\*\*\*\*

VIOLATION TYPE	DESCRIPTION	LOCK FINE	DEPARTMENT	ISSUER
1) SCO 11-034	COMMERICAL TRASH REM	Y \$ 65.00	BOARD OF HEALTH	RL

- 2)
- 3)
- 4)
- 5)
- 6)

DUE: 4/07/2014 ABATED [Y/N]: N DEMAND: N

PAID: AMOUNT: LIEN: N

\*\*\*\*\* HEARING INFORMATION ON TICKET \*\*\*\*\*

LOCATION HAS 1 TICKETS OWNING \$ 65.00

F1-NEXT F2-PRIOR F3-HEARING F5-NOTES F7-COURT F8-DEPART F9-EDIT F12-SEARCH

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 Company Inc.  
Address: 221 Quinebaug Rd.  
City: N. Granvordale State: CT Zip: 06255 Phone #: 860-935-5200

- 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: 436 Walnut St.  
City: Philadelphia State: PA Zip: 19106 Phone #: \_\_\_\_\_  
Policy #: C47320525 Expiration Date: 07-01-2014

**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] - Terrance Date: MARCH 25, 2014

Print Name: \_\_\_\_\_

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 \_\_\_\_\_