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

#### 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 General Laws, the undersigned her	of Chapter 148, Section 13, of the ceby certifies that:
IBRAHIM GALAL	Lic#: F-2011-032
620 BROADWY	B.O.A.#: 170646
SOMERVILLE MA 02145 4444	Fee: \$500.00
Restricted to: 36,000 Gallor Restricted as follows;	s Total
AMENDED 12/11/69. 01/08/87-36.000	GALS GASOLINE-550 GALS HEATING OIL-
550 GALS. WASTE OIL-1,000 GALS. M	NOTOR OIL, KEROSENE, ANTI-FREEZE
CONDITIONS: ALL VEHICLES SHALL BE	SERVICED INSIDE THE BUILDING AND NOT ON
ANY PUBLIC OR PRIVATE WAY 2 ALL V	VEHICLES SHALL BE STORED WITHIN PROPERTY VITHRU SATURDAY 6:00AM TO 11:00PM 4.
IIDDATED CERTIFICATE OF OCCUPANCY	MUST BE ISSUED BY ISD 5. PARKING-
NO BLOCKING OF THE SIDEWALK OR AN	Y PUBLIC WAY, INCLUDING DURING SNOW RE-
REMOVAL PERIODS FOR ADDATIONAL CO	ONDITIONS SEE ATTACHED SHEETS
Is the holder of the license original	finally granted 06/28/1934
for the lawful use of the building	ng (s) or other structure (s) situated or
to be situated at 00620 BROADWAY	E, MANUFACTURE, OR SALE OF FLAMMABLES OR
EXPLOSIVES. City of Somerville.	in, individual, of the or the first
Note: This Certificate of Registr	cation must be signed by the holder of the
license if said license was grant	ed prior to July 1, 1936, otherwise by th
owner or occupant of the land lic	rensed. STED ON OUR CURRENT RECORDS ABOVE,
	ON OF THIS RENEWAL APPLICATION.
Company Name: SOMERVILLE CITGO, IN	IC. TEL: <u>617-628-9400</u>
Company Address: 00620 BROADWAY	MANAGEM CO.
City: SOMERVILLE Stat	e: MA Zip: 02145
Check One:	Gov't Partner
Individual: X Co: Corp: Tru	st: Agency Ship Other
O Nome IDDALIIM CALAI	TTT - 617 400 6443
Owner Name: IBRAHIM GALAL Owner Address: 620 BROADWY	TEL: <u>617-480-6442</u>
Owner City: SOMERVILLE	State: <u>MA</u> Zip: <u>02145</u>
FID#: <u>043579346</u>	_
Whis Appliantion must be signed and	filed with the required fee no later than
April 30, 2011. The responsibility f	for filing on time is vours.
If the renewal application is not re	eturned to the City Clerk's office by
04/30/2011 please advise this office	e at once.
This renewal application must be sign	med by the holder of the ligense
Check One: Owner Occupant _	Holder
Cul	** Office Use Only **
Signature of Applicant	Mail <b>ed</b>
,	
	Taken
622 Broad Crey	$\mathbb{F}_{o}$
62: 1320 al Cey Address	Received:
Address  Sometic MA 03165  City State Zip	$\mathbb{F}_{o}$

City

State

Zip

#### 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.
Sul
* Signature of Individual or Corporate Name (Mandatory)
By: Corporate Officer (Mandatory, if a corporation)
134 - 29-8/43
** 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.

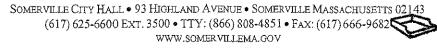


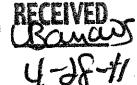
## City of Somerville, Massachusetts Finance Department, Treasury Division

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

### CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/a	pplicant's business:		
Address of taxpayer/appli	cant's business in Som	erville: 60 Bro	dway
Address of taxpayer/appli	cant's home in Somer	ville:	
Taxpayer/applicant's phor	ne: day:	evening:	
I, (print name) hereby certify that all the due the City have been part and fees and is current on	aid or that the Taxpayo	the undersign herein is true and correct and correct and er has entered into an agreer	ned Taxpayer, do nd all taxes and fees ment to pay all taxes
SIGNED UNDER THE	PAINS AND PENAL	TIES OF PERJURY, this _	day of
·	, 20 .	·	•
		(Taxpayer's sign	ature)
	CITY'S ACKNO	WLEDGEMENT	
DATE OF ISSUANCE:	. INCLU	UDES RELEVANT POSTINGS THROU	JGH:
TAXES AND ACCOUN	T NUMBER(S) INCI	LUDED IN CERTIFICATI	E:
☐ Real Estate	□ Water/Sewer	☐ Personal Property	Other:
#01005050	#30205700	#3002228g	#
NOTES:	0		
CLERK'S INITIALS: _	118	ORIGINAL STAMP:	







# 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: Sheld Spruice			
address: Co20. BRoolvey			
city Comerufie state: MA zip: 03/45 phone # 6/7 592-2001			
work site location (full address):  I am a sole proprietor and have no one  Business Type: Restaurant/Bar/Eating Establishment			
working in any capacity.			
I am an employer providing workers' compensation for my employees working on this job.			
company name: PUBLIC MUTUAL INS			
address: One Pork Are new York			
city: \\ Lool\$ phone #:			
insurance co. policy# WC = 041578-11			
I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation polices:			
company name:			
address:			
city: phone #:			
insurance co. bolicy #			
company name:			
address:			
city: phone #:			
insurance co.			
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.			
do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.			
Signature Date 5//3/1/			
Print name Schhinders. a/11 Phone # 6/2-592-2001			
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  check if immediate response is required			
city or town: permit/license #Building DepartmentLicensing Board			
☐ check if immediate response is required ☐ Selectmen's Office ☐ Health Department			
contact person: phone #; Other Other			