



**CITY OF SOMERVILLE  
BOARD OF ALDERMEN**  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600

CK-146715  
\$1,100

**APPLICATION TO RENEW FLAMMABLES LICENSE**

**ECS ECLIPSE DIVISION  
ATTN: VICTORIA DIBACCO  
588 SILVER ST  
AGAWAM, MA 01001**

License #: **522**  
City #F130  
Fee: **550.00**  
Account ID: **419**  
Reference #: **522**

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: For <b>CUMBERLAND FARMS, INC.</b> Business Location: <b>701 SOMERVILLE AVE</b> Business Phone: <b>781-828-4900</b>	
License Holder: <b>CUMBERLAND FARMS, INC.</b> <b>701-709 SOMERVILLE AVE</b> <b>SOMERVILLE, MA 02143</b> <b>781-828-4900</b>	
Mailing Address: <b>ECS ECLIPSE DIVISION</b> <b>588 SILVER ST</b> <b>AGAWAM, MA 01001</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>TREASURER - HOWARD ROSENSTEIN</b> <b>PRESIDENT - JOSEPH PETROWSKI</b>	
FID: <b>042843586</b>	
Food Manager/Emergency Contact: <b>CUMBERLAND FARMS</b> <b>800-225-9702</b>	

2013 APR -9 P 12:12  
 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 10/14/1954, Amended 08/22/74. 25,000 Gals. Gasoline.**

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: Michael S. Kiewicz Date: April 4, 2013  
 Print Name: Michael S. Kiewicz Phone: (413) 789-3530  
 (Authorized Representative)



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 www.mass.gov/dia



Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: Cumberland Farms, Inc.

Address: 100 Crossing Boulevard

City/State/Zip: Framingham, MA 01702

Phone #: 508-270-1400

Are you an employer? Check the appropriate box:

1.  I am an employer with 6,831 employees (full and/or part-time).\*
2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3.  We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5.  Retail
6.  Restaurant/Bar/Eating Establishment
7.  Office and/or Sales (incl. real estate, auto, etc.)
8.  Non-profit
9.  Entertainment
10.  Manufacturing
11.  Health Care
12.  Other

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: ACE American Insurance Company

Insurer's Address: 33 Arch Street, Suite 2900

City/State/Zip: Boston, MA 02110

Policy # or Self-ins. Lic. # SCF-C43120888 Expiration Date: 04/01/2014

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Handwritten Signature]

Date: 3/28/2013

Phone #: 508-270-1400

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office  
 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

# 3531/2469



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Cumberland Farms, Inc.

Address of taxpayer/applicant's business in Somerville: 701 Somerville Ave

Address of taxpayer/applicant's home in Somerville: 100 Crossing Blvd. Framingham MA 01702

Taxpayer/applicant's phone: day: 508-270-1400 evening: same  
Richard Fournier  
Tax Manager

I, (print name) Richard Fournier Tax Manager, 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 26<sup>th</sup> day of March, 20 13.  
[Signature] Richard Fournier  
(Taxpayer's signature) Tax Manager

**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: \_\_\_\_\_

# N/A      # 241048031      # 1188      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

