

CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600 CH-146715

APPLICATION TO RENEW FLAMMABLES LICENSE

License #:

522

City #F130 550.00

Fee:

419

Reference #:

Account ID:

522

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

Review and update the information below. <u>If you have workers compensation insurance</u>, 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 CUMBERLAND FARMS, INC. Business Location: 701 SOMERVILLE AVE Business Phone: 781-828-4900	
License Holder: CUMBERLAND FARMS, INC. 701-709 SOMERVILLE AVE SOMERVILLE, MA 02143 781-828-4900	CIT: 2013
Mailing Address: ECS ECLIPSE DIVISION 588 SILVER ST AGAWAM, MA 01001	Y CLERK
Business Type: CORPORATION (INC. LLC) TREASURER - HOWARD ROSENSTEIN PRESIDENT - JOSEPH PETROWSKI	D 12: 12 S OFFICE
FID: 042843586	
Food Manager/Emergency Contact: CUMBERLAND FARMS 800-225-9702	

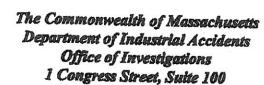
Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

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 AL	DERMEN
-I have filed all State tax returns and paid all State taxes required by la	aw for this business.
11 1 1 1 1	0-11 1 0017
Signature: My Why	Date 1-0114/1019
Michael Partition	1111
Print Name: 1/11(1)(1+1)(1+1)(1+1)(1+1)(1+1)(1+1)(1+	Phone (41/1) 1891-1997(1)
(Authorized Benzeantotius)	
MUTHORIZED PERIODITIVE).	







1 Congress Street, Suite 100 Boston, MA 02114-2017

www.mass.gov/dla

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 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 Attack a copy of the workers' compensation policy declaration page (character to the copy of the workers)		
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.		
do hereby certify, under the figures and penalties of perjury that the information provided above is true and correct. Signature: Date: 3/28/2013 Thome #: 578-270-140		
Official use only. Do not write in this area, to be completed by city or town official.		
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 #:		



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business:	imberland Farms, Inc.	
Address of taxpayer/applicant's business in Somerville		
Address of taxpayer/applicant's home in Somerville:	100 (Rossing Blvd. FRAmingham	
Taxpayer/applicant's phone: day: 508-270-14		
I, (print name) Tax Manager hereby certify that all the information contained here due the City have been paid or that the Taxpayer ha and fees and is current on said agreement.	the undersigned Taxpayer, do ein is true and correct and all taxes and fees	
SIGNED UNDER THE PAINS AND PENALTIES	Richard Fournier Tax Manager (Taxpayer's signature)	
DATE OF ISSUANCE: INCLUDES RELEVANT POSTINGS THROUGH:		
DATE OF ISSUARCE. INCLUDES A	CLEVANI POSTINGS THROUGH:	
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:		
☐ Real Estate	Personal Property	
# N/A #241048031 #	1/88 #	
NOTES: CLERK'S INITIALS:	ORIGINAL STAMP:	