



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Flammables License

A.L. PRIME ENERGY CONSULTANT INC
18 LARK AVE
SAUGUS MA 01906

2015 MAR 23 P 12:59
CITY CLERK'S OFFICE
License #: **SOMERVILLE 15-000523**
File #: **15-420**
Fee: **550**

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: A.L. PRIME ENERGY CONSULTANT INC Business Location: 73 SUMMER ST Business Phone: 781-246-0201	
License Holder: A.L. PRIME ENERGY CONSULTANT INC 18 LARK AVE SAUGUS MA 01906	
Mailing Address: A.L. PRIME ENERGY CONSULTANT INC 18 LARK AVE SAUGUS MA 01906	
Business Type: Corporation SAAD NASSER BUISIER NASSER ABU-EID FARAG GAAFAR	
FID: 043113749	
Emergency Contact: MAHMOUD SHIEKHABDOU Phone: 781-760-1651	
# of Gallons of Flammables to be Stored: 21500 Describe Flammables to be Stored: Not yet provided. Proposed Hours of Operation: Not yet provided.	

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: 3/19/2015

Printed Name: NASSER ABU-EID V.P. Phone: (781) 246-0201 x202



1200.00
T

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: A.L. PRIME ENERGY

Address of taxpayer/applicant's business in Somerville: 73 SUMMER ST.

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: (781) 246-0201 evening: (781) 760-1651

I, (print name) NASSER ABU-EID V.P. A.L. PRIME ENERGY, 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 19 day of MARCH, 20 15.
(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: _____

141360 # 224077004 # _____

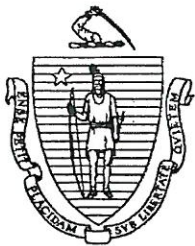
NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:



RECEIVED
Urbanaw
4-2-15



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: A.L. PRIME ENERGY

Address: 18 LARK AVE

City/State/Zip: SAUGUS MA 01906 Phone #: (781) 246-0201 X202

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 150 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: HDI - GERLING AMERICA INS. CO.

Insurer's Address: 50 PROSPECT ST.

City/State/Zip: WALTHAM MA 02453

Policy # or Self-ins. Lic. # EWG-CD 000113113 Expiration Date: 12/01/2015

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: _____

Date: 3/19/2015

Phone #: (781) 246-0201 X202

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 #: _____