

27415542013100000202200000550004 ²¹⁵²¹ ⁵⁵⁰

CK-0201563525

\$ 560

POSTED



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

APPLICATION TO RENEW FLAMMABLES LICENSE

**HESS #21521
ATTN: J. FLAHERTY
1 HESS PLAZA
WOODBIDGE, NJ 07095**

License #: 515
City #F86
Fee: 550.00
Account ID: 411
Reference #: 515

7026

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 HESS #21521 Business Location: 709 MCGRATH HWY Business Phone: 617-628-3871	
License Holder: HESS #21521 709 MCGRATH HWY SOMERVILLE, MA 02145 617-628-3871	
Mailing Address: HESS #21521 1 HESS PLAZA WOODBIDGE, NJ 07095	attn: J Flaherty
Business Type: CORPORATION (INC. LLC) SECRETARY - G C BARRY TREASURER - L HORNSTEIN	
FID: 134921002	
Food Manager/Emergency Contact: WILLIAM MALDONADO 617-628-6299	

CITY CLERK'S OFFICE
SOMERVILLE
2013 MAR 27 P 1:56

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 5/23/1924, Amended 06/30/28, 10/11/45, 08/22/74, 01/29/87. 30,000 Gals. Gasoline. 15,000 Gals. Diesel Fuel. 300 Gals. Motor Oil. 550 Gals. Waste Oil. 100 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: J. Flaherty
Print Name: 1 Hess Plaza / J. Flaherty
Woodbridge, NJ 07095
732-750-6350 Phone

3/8/13



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: Hess 21521
 Address: 709 McGrath Hwy
 City/State/Zip: Somerville MA 02145 Phone #: 617-6283871

Are you an employer? Check the appropriate box:

- 1. I am an employer with 5-10 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: Liberty Mutual
 Insurer's Address: PO Box 3634
 City/State/Zip: Bala Cynwyd PA 19004
 Policy # or Self-ins. Lic. # WA7-620-004329-022 Expiration Date: 9/1/13

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: [Signature] Date: 3/8/13
 Phone #: 732-750-6350

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 #: _____

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

Date: 9/4/12

PRODUCER
 WILLIS OF NEW YORK, INC.
 ONE WORLD FINANCIAL CENTER
 200 LIBERTY STREET, 6TH FLOOR
 NEW YORK, NY 10281

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A	LIBERTY MUTUAL INSURANCE CO. - NAIC#23043
COMPANY B	LIBERTY MUTUAL FIRE INSURANCE CO. - NAIC#23035
COMPANY C	LIBERTY INSURANCE CORPORATION - NAIC#42404
COMPANY D	

INSURED
 HESS CORPORATION
 AND ITS SUBSIDIARY COS.
 1185 AVENUE OF THE AMERICAS
 NEW YORK, NY 10036

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	EB1-621-004329-062	9/1/2012	9/1/2013	GENERAL AGGREGATE	\$ 5,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$ *4,500,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ *4,500,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ *4,500,000
	<input checked="" type="checkbox"/> SIR - \$500,000				FIRE DAMAGE (Any One Fire)	\$
					MED EXP (Any One Person)	\$
B	AUTOMOBILE LIABILITY	AS2-621-004329-012	9/1/2012	9/1/2013	COMBINED SINGLE LIMIT	\$ 5,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per Person)	\$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per Accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE	\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	<input checked="" type="checkbox"/> SEE BELOW					
	GARAGE LIABILITY				AUTO ONLY -EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WA7-62D-004329-022	9/1/2012	9/1/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH -ER
	EL EACH ACCIDENT				\$ 5,000,000	
	EL DISEASE-POLICY LIMIT				\$ 5,000,000	
	EL DISEASE-EA EMPLOYEE				\$ 5,000,000	
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:	<input type="checkbox"/> INCL	<input type="checkbox"/> EXCL			
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 ALL OPERATIONS OF THE INSURED AND ALL OWNED, HIRED AND NON-OWNED VEHICLES
 * ABOVE LIMITS OF LIABILITY APPLY EXCESS OF A \$500,000 SELF INSURED RETENTION

CERTIFICATE HOLDER

----For Evidence of Insurance Only----

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



21581



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Hess Corp
Address of taxpayer/applicant's business in Somerville: 709 McGrath Hwy
Address of taxpayer/applicant's home in Somerville: _____
Taxpayer/applicant's phone: day: 732-750-6350 evening: _____

I, (print name) RJ Lawlor VP, 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 8 day of March, 20 13.
[Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 3/25/13 INCLUDES RELEVANT POSTINGS THROUGH: 3/22/13

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

9697 # 144005001 # 801 # _____

NOTES:

CLERK'S INITIALS: Ric

ORIGINAL STAMP:

