



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

2016 FEB 25 A 10:24

Application to Renew Extended Operating Hours License

FITNESS 24-7 INC.
14 MCGRATH HWY
SOMERVILLE MA 02143

License #: BL15-000947
File #: 15-752
Fee: 605

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: GOLD'S GYM Business Location: 14 MCGRATH HWY Business Phone: 617-625-9566	
License Holder: FITNESS 24-7 INC. 14 MCGRATH HWY SOMERVILLE MA 02143	
Mailing Address: FITNESS 24-7 INC. 14 MCGRATH HWY SOMERVILLE MA 02143	
Business Type: Corporation JONAS THOMPSON JONAS THOMPSON JONAS THOMPSON	
FID: 452956818	
Emergency Contact: JONAS THOMPSON Phone: 617-733-7879	
Extended hours for in-store service (specify days and hours): MON-SUN, 24 HRS/DAY Extended hours for take-out service (specify days and hours): Extended hours for delivery service (specify days and hours):	

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: _____

Printed Name: _____

Phone: _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Regency Centers

Address of taxpayer/applicant's business in Somerville: 14 McGrath Highway

Address of taxpayer/applicant's home in Somerville: 1 Seal Harbor Winthrop, MA

Taxpayer/applicant's phone: day: 617-733-7879 evening: _____

I, (print name) Jonas Thompson, 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 _____ day of

_____, 20_____.
(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: _____

_____ # 145042001 # 760 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

received
Bureau
2-25-16

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: Fitness 24/7
Address: 14 McGrath Highway
City: Somerville State: MA Zip: 02145 Phone #: 617 625 9566

- ☐ I am an employer with _____ employees (full and/or part time).
☐ I am a sole proprietor or partnership and have no employees.
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
☐ We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type:**
- ☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: The Hartford
Address: 301 Woods Park Drive
City: Clinton State: NY Zip: 13323 Phone #: 866 467-8730
Policy #: 08 WEC 60 5046 Expiration Date: 11/21/16

Applicant certification:

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.

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

Signature: [Signature] Date: 2/23/16
Print Name: Jonas Thompson

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

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____

☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____

INFORMATION PAGE

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: TWIN CITY FIRE INSURANCE COMPANY

ONE HARTFORD PLAZA, HARTFORD, CONNECTICUT 06155

NCCI Company Number:

14974

Company Code: 7



POLICY NUMBER:
Previous Policy Number:

08 WEC GO5046

08 WEC GO5046

HOUSING CODE: DW

Suffix
LARS RENEWAL
15

1. **Named Insured and Mailing Address:** FITNESS 24-7
(No., Street, Town, State, Zip Code)

(SEE ENDT)

FEIN Number: 452956818
14 MCGRATH HIGHWAY TWIN CITY PLACE
SOMERVILLE, MA 02143

State Identification Number(s):

The Named Insured is: CORPORATION

Business of Named Insured: FITNESS CLUB

Other workplaces not shown above: 14 MCGRATH HIGHWAY
SOMERVILLE MA 02143

2. **Policy Period:** From 11/21/15 To 11/21/16
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: HUB INTL NEW ENGLAND LLC/PHS

301 WOODS PARK DRIVE
CLINTON, NY 13323

Producer's Code: 087260

Issuing Office: THE HARTFORD
301 WOODS PARK DRIVE
CLINTON NY 13323
(866) 467-8730

Total Estimated Annual Premium: \$1,471

Deposit Premium:

Policy Minimum Premium: \$352 MA (INCLUDES INCREASED LIMIT MIN. PREM.)

Audit Period: ANNUAL

Installment Term:

The policy is not binding unless countersigned by our authorized representative.

Countersigned by *Suean L. Castaneda*
Authorized Representative

10/03/15
Date