NOTE: COMPLETE FORM AND FOWARD WITH FEE TO CITY CLERK' OFFICE. DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFTY.

# THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION 1010 COMMONWEALTH AVE. BOSTON

### RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE

	ns of Chapter 148, Section 13, of the ereby certifies that: LT, LLC. Lic#: F-2011-216 B.O.A.#: 186144 Fee: \$500.00
7,500 US GALLONS ON 09/27/2001.	
to be situated at 00070 INNER I as related to the KEEPING, STORAEXPLOSIVES. City of Somerville. Note: This Certificate of Regist license if said license was grar owner or occupant of the land limit of the land	Ing (s) or other structure (s) wituated or SELT RD  AGE, MANUFACTURE, OR SALE OF FLAMMABLES OR cration must be signed by the bolder of the sted prior to July 1, 1936, otherwise by the
Company Name: <u>CORESITE REAL ESTATE</u> Company Address: <u>00070 INNER BELT F</u>	TE 70 INNERBELT, LLC. TEL: 303-405-1000
City: SOMERVILLE Sta Check One: Individual: Co: Corp: Tr	ate: MA Zip: 02143 Gov't Partner Tust: Agency Ship Other
Owner Name: <u>CORESITE REAL ESTAT</u> Owner Address: <u>1050 17TH STREET, S</u>	TE 70 INNERBELT, LLC. TEL: 303-405-1000 GUITE 800 FXT. 7307
Owner City: <u>DENVER</u> FID#: <u>208068170</u>	State: <u>CO</u> Zip: <u>80265</u>
April 30, 2011. The responsibility	returned to the City Clerk's office by se at once. Igned by the holder of the license.
380	** Office Use Only **
Signature of Applicant	Mailed Taken
1050 17th Street, Suite 800 Address	Received: 5-5-// CK 0/4/35
Denver CO 80265	\$600
City State Zip	City Clerk

## MASSACHUSETTS DEPARTMENT OF REVENUE

## REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

CoreSite Real Estate 70 Innerbelt, L.L.C., a Delaware limited liability company

\* Signature of Individual or Corporate Name (Mandatory)

Derek S. McCandless, Its: Secretary

By: Corporate Officer (Mandatory, if a corporation)

#### 20-8388679

\*\* Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

- \* This license will not be issued unless this certification clause is signed by the applicant.
- \*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



# City of Somerville, Massachusetts Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

# CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/a	applicant's business: CoreSite Real Estate 70 Innerbelt, L.L.C., a Delaware limited liability company
Address of taxpayer/appl	icant's business in Somerville: 70 Innerbelt Rd.
Address of taxpayer/appl	icant's home in Somerville:n/a
Taxpayer/applicant's pho	ne: day: 303.405.1000 evening: 518.225.5977
I, (print name) hereby certify that all the due the City have been p and fees and is current on	information contained herein is true and correct and all taxes and fees aid or that the Taxpayer has entered into an agreement to pay all taxes
SIGNED UNDER THE	PAINS AND PENALTIES OF PERJURY, this 21st day of
April	
	(Taxpayer's signature)
	CITY'S ACKNOWLEDGEMENT
DATE OF ISSUANCE:	INCLUDES RELEVANT POSTINGS THROUGH:
TAXES AND ACCOUN	T NUMBER(S) INCLUDED IN CERTIFICATE:
Real Estate	□ Water/Sewer □ Personal Property □ Other:
C11CCP30 #	# 551002012 # 32011/02 #
NOTES:	561002015
CLERK'S INITIALS: _	55/00001 CORIGINAL STAMP:
SOMERVILLE (	CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 021 3500 • TTY: (866) 808-4851 • FAX: (617) 666-9682

WWW.SOMERVILLEMA.GOV



# The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street, 7th Floor Boston, Mass. 02111 Workers' Compensation Insurance Affidavit - General Businesses

ame:	information: CoreSite Real Esta		ase PRINT leg elt, L.L.C.,		nited liability company
ddress:	1050 17th Street,	Suite 800		<u> </u>	
ty	Denver	state:	СО	zip: 80265 pl	hone # 303.405.1000
I am a workin	cation (full address): 70 In sole proprietor and have no g in any capacity.  employer with 0 emplo	one <b>Business</b> [	「ype: ☐ Reta ☐ Office ☐ Sa	il  Restaurant/Bar es (including Real E	/Eating Establishment state, Autos etc.) er
I am ai	n employer providing worke	s' compensation fo	or my employee	s working on this job	
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ech additie	onal sheet if necessary		Angle Societies	i gradence, e se	
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	atement may be forwarded to the	ŭ			
nereoy co nature	ertify unflex the pgins and pen	aines of perfury that	тие туогтанон		e ana correct. April 21, 2011
t name	Derek S. McCandl	ess. Its: Secr	etarv		303.405.1000
				Phone #	
fficial use	only do not write in this are	a to be completed by	city or town officia	ıI	***
tý or towi	n:		permit/li	cense #	Building Department Licensing Board Selectmen's Office Health Department Other
] check if	immediate response is required				Selectmen's Office Health Department