



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

CK 018101
550.00

APPLICATION TO RENEW FLAMMABLES LICENSE

**CAMBRIDGE PUBLIC HEALTH COMMISSION
CAMBRIDGE HEALTH ALLIANCE
230 HIGHLAND AVENUE
SOMERVILLE, MA 02143**

License #: 1037
City #F220
Fee: 550.00
Account ID: 695
Reference #: 1037

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 CAMBRIDGE HEALTH ALLIANCE Business Location: 230 HIGHLAND AVE Business Phone: (617)591-4337	
License Holder: CAMBRIDGE PUBLIC HEALTH COMMISSION CAMBRIDGE HEALTH ALLIANCE 230 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617)591-4337	
Mailing Address: CAMBRIDGE PUBLIC HEALTH COMMISSION 230 HIGHLAND AVENUE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC)	<i>Public Instrumentality</i>
FID: 043320571	
Food Manager/Emergency Contact: PUBLIC SAFETY 617-665-1822	

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 granted 2/15/2001 as #168379.

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: *Patrick R. Wardell* Date: 4/25/13
Print Name: Patrick R. Wardell, as CEO Phone: (617) 591-4425

2013 APR 30 P 3:58
CITY CLERK'S OFFICE
SOMERVILLE, MA

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: Cambridge Public Health Commission (dba Cambridge Health Alliance)
Address: 230 Highland Avenue
City: Somerville State: MA Zip: 02143 Phone #: (617) 591-4337

- ☒ I am an employer with 3621 employees (full and/or part time). Business Type: ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☒ Health Care
☐ Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: Sentry Insurance
Address: 1800 North Point Drive
City: Stevens Point State: WI Zip: 54481 Phone #: ~~800~~ 877-373-6879
Policy #: 90-15402-64 00121 Expiration Date: 6/30/13

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: 4/25/13
Print Name: Patrick R. Wardell, as CEO

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



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Cambridge Public Health Commission

Address of taxpayer/applicant's business in Somerville: 230 Highland Avenue

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

Taxpayer/applicant's phone: day: 617-591-4425 evening: 617-591-4425

I, Patrick R. Wardell, as CEO of 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 25th day of April, 2013. [Signature]
(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: _____

_____ # 661070011 # 582 # _____
661070091
661070051

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: