



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

NEW REQUEST

2015 APR 27 P 4: 10

Application to ~~Renew~~ Extended Operating Hours License

SEE BELOW.

CITY CLERK'S OFFICE
SOMERVILLE, MA

**KMART CORPORATION
3333 BEVERLY ROAD
B2-113A
HOFFMAN ESTATES IL 60179**

License #: BL15-001082
File #: 15-851
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: KMART CORPORATION Business Location: 77 MIDDLESEX AVE Business Phone: 617-628-9500	
License Holder: KMART CORPORATION 3333 BEVERLY ROAD B2-113A HOFFMAN ESTATES IL 60179	
Mailing Address: KMART CORPORATION 3333 BEVERLY ROAD B2-113A HOFFMAN ESTATES IL 60179	
Business Type: Corporation RONALD BARE SCOTT HUCKINS LAWRENCE MEERSCHAERT	
FID: 380729500	
Emergency Contact: LESLIE CLARK Phone: 617-628-9500	
Extended hours for in-store service (specify days and hours): 11/28/14 ONLY, 1 AM - 11 PM Extended hours for take-out service (specify days and hours): Extended hours for delivery service (specify days and hours):	<p>11/27/15 - 1AM - 11pm 12/19/15 - 12/23/15 - 24hours</p>

NEW REQUEST

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: Crystal Meinhardt Date: 4/8/15

Printed Name: Crystal Meinhardt Phone: 847-282-6559



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Kmart Corporation

Address of taxpayer/applicant's business in Somerville: 77 Middlesex Ave 02145

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

Taxpayer/applicant's phone: day: 847-286-6559 evening: 847-286-6559

I, (print name) Crystal Menhardt, 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 8th day of April, 2015. Crystal Menhardt
(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: _____

N/A # 144 049 011 # N/A # _____

NOTES:

CLERK'S INITIALS: 

ORIGINAL STAMP: _____

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: Kmart Corporation
Address: 77 Middlesex Ave
City: Somerville State: MA Zip: 02145 Phone #: 617-628-9500

I am an employer with 119 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: Ace American Insurance Co.
Address: Attached
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: WLR47888815 Expiration Date: 8/1/15

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: Crystal Mainhardt Date: 4/8/15
Print Name: Crystal Mainhardt

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
BOARD OF ALDERMEN

Docket # 199234

License/Permit

Extended Operating Hours License - Renewing

Regular Meeting, May 14, 2015

Item ID 11726

SUMMARY: Renewing Extended Operating Hours License, Kmart #3486, 77 Middlesex Ave.

COMPLETE TEXT:

See Attachment.

RESULT: APPROVED

APPROVED BY THE BOARD OF ALDERMEN OF THE CITY OF SOMERVILLE, MA, AT
A REGULAR MEETING ON THE 14th DAY OF MAY, 2015.

ATTEST:

John J. Long, City Clerk