

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 Benew Extended Operating Hours License

SEE BELOW.

CITY CLERK'S OFFICE SOMERVILLE, MA License #: BL15-001082

File #:

15-851

Fee:

550

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

Review and update the information below. <u>If you have workers compensation insurance</u>, 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):	11/27/15 - 1AM - 1/pm 12/19/15-12/23/15-24hou

New request

I hereby certify under the penalties of perjury that the following is	true:
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- -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: Wokal Monda

Date:

Phone

one: 847 - 286 (D)

Printed Name:



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Kmart Conforation						
Address of taxpayer/applicant's business in Somerville: THE WINDLESS ADE OF W						
Address of taxpayer/applicant's home in Somerville:						
Taxpayer/applicant's phone: day: 847 286 6559 evening: 847 286 6559						
I, (print name), 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						
April ,20 5. Cupta I Woundary (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:						
# NA # 144 049011 # NA #						
NOTES: CLERK'S INITIALS: ORIGINAL STAMP:						
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE: Real Estate						

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: Know & Corporation
Address: 77 Middle Sex Are
City: State: MA Zip: 02145 Phone #: 617 - 628-95
I am an employer with 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 Other
Workers' compensation insurance information (if applicable):
Insurance Company Name: FCl AMCNCON DATE OCC CO. Address: Attached
City: State: Zip: Phone #:
Policy #: ULIC 4788885 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: Date: 4/8/15
Print Name: Custal Marchaedt
Official use only. Do not write in this area. To be completed by city or town official.
City or Town: Permit/License #: Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office
Contact Person: Phone #: Other

(revised Jan. 2008)

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CORD

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 08/01/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:					
Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	PHONE (A/C, No. Ext): (866) 283-7122 (A/C, No.): (800) 363-0105					
	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE NAIC #					
INSURED	INSURER A: ACE American Insurance Company 22667					
Sears Holdings Corporation dba Kmart Corporation Attn: Risk Management E3-219A 3333 Beverly Road Hoffman Estates IL 60179 USA	INSURER B: ACE Fire Underwriters Insurance Co. 20702					
	INSURER C:					
	INSURER D:					
	INSURER E:					
	INSURER F:					

COVERAGES	CERTIFICATE NUMBER: 570054812744	REVISION NUMBER:

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.

Limits shown are as requeste Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)		LIMITS	
Λ.	X COMMERCIAL GENERAL LIABILITY			HDOG27334143	08/01/2014	08/01/2015	EACH OCCURRENCE	\$5,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$5,000,000
							MED EXP (Any one person)	Excluded
				681			PERSONAL & ADV INJURY	\$5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			19			GENERAL AGGREGATE	\$5,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$5,000,000
A A	OTHER: AUTOMOBILE LIABILITY			ISAH0882101A ISAH08821008		08/01/2015 08/01/2015	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
A	ANYAUTO			ISAH08821021		08/01/2015	BODILY INJURY (Per person)	
H	X ALL GWNED SCHEDULED						BODILY INJURY (Per accident)	
	AUTOS AUTOS X HIRED AUTOS X AUTOS AUTOS AUTOS						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR	-					EACH OCCURRENCE	
-	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION							
200	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WLRC47888815	08/01/2014 08/01/2014	08/01/2015	X PER STATUTE OTH-	
2	ANY PROPRIETOR / PARTNER / EXECUTIVE	N/A		WCUC47888839 SCFC47888840	08/01/2014		E.L. EACH ACCIDENT	\$2,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE-EA EMPLOYEE	\$2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	\$2,000,000
	-							
					1			
DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								

Evidence of Coverage

CER	TITI	CAT	rr 1	LIOI	DED
CER	111	CA		пог	חבת.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Sears Holdings Corporation dba Kmart Corporation Attn: Risk Management E3-219A 3333 Beverly Road Hoffman Estates IL 60179 USA

Son Risk Services Central, Inc.



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.

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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

Printed On: May 15, 2015