



**IMPORTANT**

#627

REF 744

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: Quest Diagnostic (Tenant)  
 Somerville Address and Zip Code: 92-94 Prospect St., Somerville, MA 02139  
 Phone Number of the Business: 617-547-8400

The Legal Name of the License Holder: J.R. Fennell Limited Partnership  
 Street Address of the License Holder: 501 Massachusetts Ave.  
 City, State and Zip Code of the License Holder: Cambridge, MA 02139  
 Phone Number of the License Holder: 617-876-8800  
 Email Address of the License Holder: \_\_\_\_\_

Where We Should Send Mail: Name: J.R. Fennell Limited Partnership c/o Odyssey Partners  
 Street Address: 501 Massachusetts Ave.  
 City, State and Zip Code: Cambridge, MA 02139  
 Email: \_\_\_\_\_  
 Phone Number: 617-876-8800

Federal ID # (Do Not Give a Social Security #): 04-3132952

Emergency Contact and Phone (For Fire Dept. Use): Kathleen Fennell, 617-876-8800

Type of Business (Check Only One and Give the Names Indicated):  
 \_\_\_\_\_ Sole Proprietor: Name of Owner: \_\_\_\_\_  
 Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:  
Kathleen Fennell, Linda Fennell, Patricia Mordes  
 \_\_\_\_\_ Trust: Names of All Trustees Who Own More Than 10%:  
 \_\_\_\_\_  
 \_\_\_\_\_ Corporation (inc. LLC): Name of President: \_\_\_\_\_  
 Name of Secretary: \_\_\_\_\_  
 Name of Treasurer: \_\_\_\_\_  
 \_\_\_\_\_ Other (Attach a Description of the Form of Ownership and the Names of Owners)

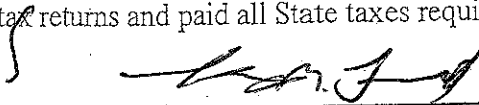
**ACKNOWLEDGEMENT:** I hereby certify under the penalties of perjury that the following is true:  
 -All information shown above is true and accurate.  
 -Any changes above are subject to the approval of the Somerville Board of Aldermen.  
 -I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: [Signature] Date 3/23/12

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.



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\* Signature of Individual or Corporate Name (Mandatory)

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By: Corporate Officer (Mandatory, if a corporation)

04-3132952

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\*\* 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/applicant's business: J.P. Fennell Limited Partnership

Address of taxpayer/applicant's business in Somerville: 92-94 Prospect St.

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-876-8800 evening: 617-876-8800

I, (print name) Kathleen M. Fennell, 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 23 day of

March, 2012. [Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

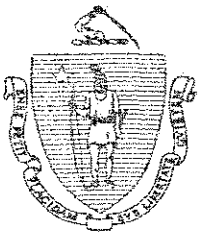
Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_  
# 20701160      # 12509500      # 998      # \_\_\_\_\_  
12553

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

**RECEIVED**  
4-27-12



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street, 7<sup>th</sup> Floor  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: J.R. Fennell Limited Partnership

address: 10 Odyssey Partners 501 Massachusetts Ave.

city: Cambridge state: MA zip: 02139 phone # 617-876-8800

work site location (full address): 92-94 Prospect St Somerville, MA 02143

I am a sole proprietor and have no one working in any capacity. Business Type:  Retail  Restaurant/Bar/Eating Establishment  Office  Sales (including Real Estate, Autos etc.)

I am an employer with 400 employees (full & part time).  Other

I am an employer providing workers' compensation for my employees working on this job.

company name: Quest Diagnostics

address: 415 Massachusetts Ave

city: Cambridge, MA 02139 phone #: 617-547-8900

insurance co. Travelers Prop. Casualty Co of America policy # TC2JOB-26673523-11

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

Attach additional sheets if necessary

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 year's 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: 3/23/12

Print name: William M. Fennell Phone #: 617-876-8800

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_  Building Department

check if immediate response is required  Licensing Board

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_  Selectmen's Office

Health Department  Other \_\_\_\_\_

(revised Sept. 2003)

