

CORESITE REAL ESTATE

ATTN: LEGAL 1050 17TH STREET

DENVER, CO 80265

SUITE 800

CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600 CIC027825

APPLICATION TO RENEW FLAMMABLES LICENSE

License #:

531

City #F216

550.00

Account ID:

Fee:

431

Reference #:

531

#7021

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: For CORESITE REAL ESTATE 70 INNERB Business Location: 70 INNER BELT RD Business Phone: 303-405-1000	ELT, LLC.		
License Holder: CORESITE REAL ESTATE 70 INNERBELT, LLC. 70 INNER BELT RD SOMERVILLE, MA 02143 303-405-1000	2013 MAR 25 CITY CLERK SOMERVO		
Mailing Address: CORESITE REAL ESTATE 1050 17TH STREET SUITE 800 DENVER, CO 80265	P 23		
Business Type: CORPORATION (INC. LLC) SECRETARY - DEREK MCCANDLESS TREASURER - JEFFREY FINNIN Resident & CEO - Thomas M. Ray	7 add: Thomas M. Ray, President & CEO		
FID: 208068170			
Food Manager/Emergency Contact: PETER PEREIRA 617-406-8143			

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 Issued 5/11/2000, Amended 9/27/2001. 100,000 Gallons. Operational 24 Hours/Day, 7 Days/Week.	
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: Date March 11, 2013

Print Name: Derek S. McCardless St. Vice President & Secretar Phone 303-222-7307

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: Core Site Real Es		chelt, L.L.	
Address: 1050 17th Street	et, Suite 800		
City: Denver	State: Co	Zip: 8026	5 Phone #: 303 -405 -1000
✓I am an employer with employer (full and/or part time). ☐ I am a sole proprietor or partnership employees. ☐ We are a corporation that has exercive exemption per c152 s1(4), and have ☐ We are a nonprofit organization staff volunteers and have no employees.	o and have no ised our right of no employees.	Restaura Office a Nonprot Entertai Manufa Health O	nment cturing
Workers' compensation insurance in	formation (if applicable):		
Insurance Company Name:			
Address:			
City:	State:	Zip:	Phone #:
Policy #:			Expiration Date:
Applicant certification:			
4 61 500 00 1/ and vicere? impriso	anment ac well ac civil nen	alties in the form (mposition of criminal penalties of a fine up of a STOP WORK ORDER and a fine of to the Office of Investigations of the DIA
I do hereby certify under the pains and	penalties of perjury that th	e information prov	ided above is true and correct.
Signature:			Date:
Print Name: Decek S. McCo	undless Sr Vic	e President	& Secretary
Official use only	y. Do not write in this area. T	o be completed by ci	ty or town official.
City or Town: Pe	ermit/License #: Phone #:		☐ Board of Health ☐ Building Department ☐ City/Town Clerk ☐ Licensing Board ☐ Selectmen's Office ☐ Other
W. Alekto Cod E. W. Shirt	CONTRACTOR OF COLUMN	e to the title	



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Core Site Real Estate 70 Innechalt, L.L.C.							
Address of taxpayer/applicant's business in Somerville: 70 Innerbelt Road, 62143							
Address of taxpayer/applicant's home in Somerville: NA							
Taxpayer/applicant's phone: day: 303-405-1000 evening: Note President and Sacretary of I, (print name) Care Site Real Estate 70 Innertell, C.C., 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							
March	, 20_13	(Taynayer's signatur	re)				
(Taxpayer's signature)							
CITY'S ACKNOWLEDGEMENT							
DATE OF ISSUANCE: _	INCLUDE	S RELEVANT POSTINGS THROUGH					
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:							
☐ Real Estate	□Water/Sewer 551002015	☐ Personal Property	Other:				
# 7952	#551002016	# 7/3	#				
NOTES:							
CLERK'S INITIALS:	M.M.	ORIGINAL STAMP:					