

#### CITY OF SOMERVILLE

Commonwealth of Massachusetts 93 Highland Avenue Somerville, MA 02143 (617) 625-6600

### Application to Renew Flammables License

CORESITE REAL ESTATE 1001 17TH STREET SUITE 500 DENVER CO 80202 License #:

BL15-000531

File #:

15-431

Fee:

550

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: CORESITE REAL ESTATE Business Location: 70 INNER BELT RD Business Phone: 303-222-7312	Full Business Name: Coresite Real Estate 70 Innerbelt, L.L.C.		
License Holder: CORESITE REAL ESTATE 1001 17TH STREET SUITE 500 DENVER CO 80202			
Mailing Address: CORESITE REAL ESTATE 1001 17TH STREET SUITE 500 DENVER CO 80202			
Business Type: C <del>orporation</del> THOMAS RAY JEFFREY FINNIN DEREK MCCANDLESS	limited liability company		
FID: 208068170			
Emergency Contact: PETER PEREIRA Phone: 617-448-3109	Tom Ross: 617-941-2511		
# of Gallons of Flammables to be Stored: 400000.  Describe Flammables to be Stored: Not yet provided.  Proposed Hours of Operation: Not yet provided.	8,000 diesel		

I hereby certify	under the	penalties of	periury	that th	he fol	lowing	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: DS-		Date:_	9/07/15	
			. /	
Printed Name: Derek S. McCandless,	Strice President	Phone:	303-222-7307	
	and Spront on			



## City of Somerville, Massachusetts Finance Department, Treasury Division

## CERTIFICATE OF GOOD STANDING

Exact name of taxpaver/app	olicant's business: Cor	re Site Real Estate	70 Innerbelt, L.L.C.			
Address of taxpayer/applic						
¥						
Address of taxpayer/applic	ant's home in Somervil	le: NA				
Taxpayer/applicant's phone	e: day: 303-405-100	evening: NA				
Derek S. Mc Canalles I, (print name) of CoreSite	S, Sr. Vice President Dool Fatate 70 Inner	better! the undersig	ned Taxpayer, do			
1 low soutifur that all the	nformation contained h	perein is true and correct a	no all taxes and lees			
due the City have been par	id or that the Taxpayer	has entered into an agree	ment to pay all taxes			
and fees and is current on s			111			
SIGNED UNDER THE P	AINS AND PENALT	IES OF PERJURY, this	day of			
April	, 20 \5	(Taxpayer's sign	- cottona)			
V		(Taxpayer's sign	lature)			
	CITY'S ACKNOV	VLEDGEMENT				
DATE OF ISSUANCE: _	INCLUD	ES RELEVANT POSTINGS THRO	UGH:			
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:						
☐ Real Estate	□Water/Sewer	☐ Personal Property	Other:			
# 8137	#55/00201	1 (7)	#			
NOTES:		*	(1.2)			
,	100		Banas			
CLERK'S INITIALS: _	<u>U8</u>	ORIGINAL STAMP:	11-91-13			
		(*)	1			

# The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

				1300
Applicant information:				lowo.
Name: Core Site Re	al Estate 70	Innerbelt	i.L.C.	
Address: 1001 17th S	street, Suite	500		
City: Denver	State: CO	Zip: 802	002 Phone #: 303-405-	1000
I am an employer with (full and/or part time).  I am a sole proprietor or partne employees.  We are a corporation that has exemption per c152 s1(4), and We are a nonprofit organization volunteers and have no employees.	employees Business Tership and have no exercised our right of have no employees. In staffed by	ype: Retail Restaurar Office an Nonprofit Entertaint Manufact	nt/Bar/Eating Establishment d/or Sales (real estate, auto, etc t ment uring	
Workers' compensation insuran	ce information (if appl	icable):	± 13	7
Insurance Company Name:				
Address:				
City:	State:	Zip:	Phone #:	
Policy #:			Expiration Date:	
Applicant certification:	9			**
Failure to secure coverage as rec penalties of a fine up to \$1,500.00 WORK ORDER and a fine of \$ forwarded to the Office of Investig	and/or one years' impropersion on the state of the DIA for contact o	isonment as well- ne. I understand verage verificatio	as civil penalties in the form of that a copy of this statement.	t may be
I do hereby certify under the pains	and penalties of perjury	that the informati	Date: - 4/07/15	orrect.
Print Name: Derek S. Mc	Carolless, Sr. 1	Vice Preside	ent & Secretary	
	2 T. Av 2 C. 2 C	ve si e ve ve e e		S. No.
			l by city or town official.	
City or Town:	Permit/Licer	ıse #:	Board of Heal Building Dep City/Town Cl	artment i Ierk
Contact Person:	Phone #:		Selectmen's (	Office 🐰

(revised Jan. 2008)