

APPLICATION FOR EXTENDED OPERATING HOURS

2013 NOV 14 P 12:02

Nonrefundable Application Fee \$550.00

Date 11/14/13

FOR CITY CLERK'S OFFICE ONLY  
Date Recorded  
Amount Paid \$550.00 CKS(2)

CITY CLERK'S OFFICE  
SOMERVILLE MA

- New Application
- Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

Business (DBA) Name: Kmart #3486 Phone: 617-628-9500  
 Applicant's Federal Employer Identification Number: 38-0729500  
 Applicant's Legal Name: Kmart Corporation  
 Applicant's Address (with Zip Code): 77 Middlesex Ave, 02145  
 Mailing Name (where we should send correspondence to): 3333 Beverly Rd, B2-113A  
 Mailing Address (with Zip Code): Hoffman Estates, Ill. 60179  
 Emergency Contact: Leslie Clark, Mgr. Phone: 617-628-9500

Type of Business (Check Only One and Provide the Names Indicated):

**Sole Proprietor:** Name of Owner: \_\_\_\_\_

**Partnership (inc. LLP):** Name of Partnership: \_\_\_\_\_  
 Names of All Partners Who Own More Than 10%: \_\_\_\_\_

**Trust:** Name of Trust: \_\_\_\_\_  
 Names of All Trustees Who Own More Than 10%: \_\_\_\_\_

**Corporation:** Name of Corporation: Kmart Corporation  
 Name of President: Ronald Bare  
 Name of Secretary: Lawrence J. Meerschpoert Name of Treasurer: Scott E. Huckins

**LLC:** Name of LLC: \_\_\_\_\_  
 Names of All Managers Who Own More Than 10%: \_\_\_\_\_

**Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Business (DBA) Name Kmart # 3486

Extended hours requested (include hours of operation and days of week) 11/29/13

1:00AM - 11:00PM

Type of business Retail Merchant

Length of time at this location 1980 - 33 years

**ACKNOWLEDGEMENT**

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. 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.

Signature of Applicant: Crystal Meinhardt Date: 11/14/13

Print Name: Crystal Meinhardt Phone: 847-286-6559

**POLICE DEPT. (for new applicants or applicants further extending their hours):**

The Chief of Police recommends that the application be

Approved

Denied

Signature: [Signature] Name and Title: 11/14/13

What security will be in place for the event?

See Requirements

**Thomas Pasquarello**

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**From:** Christine Masiello  
**Sent:** Thursday, November 14, 2013 12:48 PM  
**To:** Thomas Pasquarello  
**Subject:** FW: 11/29/13 coverage(Kmart)

-----Original Message-----

**From:** LP3486, Loss Prevention [<mailto:LP3486@searshc.com>]  
**Sent:** Thursday, November 14, 2013 12:45 PM  
**To:** Christine Masiello  
**Subject:** 11/29/13 coverage(Kmart)

So were going to have on 2 loss prevention Officer Myself and 1 of my guys on also we will be calling on 11/18/13 to schedule 1 police detail from 10:00pm on 11/28/13 - 6:00am on 11/29/13 any further question please feel free to give me a call both of my numbers are listed below

Anthony Sorrentino  
Loss Prevention Manager  
Store 3486  
77 Middlesex Ave  
Somerville, Ma 02145  
Phone # 617-628-9500 ext 455  
Fax # 617-628-4668  
[LP3486@searshc.com](mailto:LP3486@searshc.com)

This message, including any attachments, is the property of Sears Holdings Corporation and/or one of its subsidiaries. It is confidential and may contain proprietary or legally privileged information. If you are not the intended recipient, please delete it without reading the contents. Thank you.

*Anthony - 617-828-9734  
Head of Security*

*2 security  
waiting authorization  
for # of details he  
can request*

Appointment and Delegation of Authority

Pursuant to the authority vested in me by a resolution of the Board of Directors of Sears Holdings Corporation, I, Lawrence J. Meerschaert, Vice President – Tax of Sears Holdings Corporation, hereby delegate:

Laura A. Bellovich	Senior Tax Analyst
Marjory A. Bonilla	Senior Tax Analyst
Louis F. Cribaro	Manager, Sales Tax Reporting
Juan J. Cruz	Tax Analyst
Sarah A. Dobrzynski	Tax Analyst
Eric J. Fellner	Director, Sales & Use Tax
Dorothy Jennette	Tax Analyst
Crystal A. Meinhardt	Senior Tax Analyst
Jennine M. Mroczewski	Senior Tax Analyst
Dhruv Y. Patel	Tax Analyst
Jeanette M. Pollock	Manager, Licenses
Robert S. Ryan	Senior Tax Analyst
Arthur J. Summerson	Senior Tax Analyst
Janet C. Talavera	Tax Analyst
Kevin Tang	Manager, Sales Tax
Robert G. Taylor	Manager, Sales Tax
Debra J. Woodall	Senior Tax Analyst

to sign, execute and deliver on behalf of and in the name of Sears Holdings Corporation and its wholly-owned subsidiaries, with respect to every state of the United States, and any jurisdiction therein and the District of Columbia, any of the following instruments:

1. Applications for licenses and permits necessary to the conduct of the business of the company and bonds securing performance by the company under such licenses and permits and agreements of indemnity in place of insurance;
2. reports and tax returns and statements of valuation for tax purposes, to state and local authorities; and
3. pleadings, bonds, petitions, affidavits and other documents and instruments pertaining to the conduct of litigation or to administrative proceedings involving taxes and licenses.

The authority designated pursuant to this resolution shall remain in full force and effect notwithstanding the fact that the individuals who granted such authority ceases to hold the position he or she held at the time such authority was granted, whether due to promotion, transfer, resignation, retirement, death or otherwise; provided however, that such individual, his or her successor or any other individual having plenary authority under this resolution, as noted above, may modify or rescind such designated authority at any time.

IN WITNESS WHEREOF, the undersigned set his hand as Vice President – Tax of Sears Holdings Corporation this 6 th day of November, 2013.

  
Lawrence J. Meerschaert  
Vice President - Tax



City of Somerville, Massachusetts  
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Knorr 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 Meinhardt, 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 14th day of November, 2013. Crystal Meinhardt  
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 11/14/13 INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_  
# \_\_\_\_\_      # 14404191      # 885      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:  **RECEIVED**  
[Signature]  
11/14/13

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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

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

- I am an employer with 16 employees (full and/or part time). Business Type:  Retail  
 I am a sole proprietor or partnership and have no employees.  Restaurant/Bar/Eating Establishment  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  Office and/or Sales (real estate, auto, etc.)  
 We are a nonprofit organization staffed by volunteers and have no employees.  Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: Indemnity Insurance Co of North America  
Address: Copy Attached  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Policy #: WLR 47319/22 Expiration Date: 8/1/14

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 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: Crystal Manhardt Date: 11/14/13  
Print Name: Crystal Manhardt

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
08/02/2013

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).

<b>PRODUCER</b> Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext.): (866) 283-7122      FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Sears Holdings Corporation dba Kmart Corporation Attn: Risk Management E3-219A 3333 Beverly Road Hoffman Estates IL 60179 USA	INSURER A: ACE American Insurance Company	22667
	INSURER B: Indemnity Insurance Co of North America	43575
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

Holder Identifier :

**COVERAGES**      **CERTIFICATE NUMBER: 570050918412**      **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 requested*

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			HDOG27022327	08/01/2013	08/01/2014	EACH OCCURRENCE \$5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$5,000,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$5,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COM/PO/ AGG \$5,000,000
A A A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			ISAH08719792 ISAH08719780 ISAH08719809	08/01/2013 08/01/2013 08/01/2013	08/01/2014 08/01/2014 08/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB      OCCUR EXCESS LIAB      CLAIMS-MADE DED      RETENTION						EACH OCCURRENCE AGGREGATE
B A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WLRC47319122 WLRC47322534 SCFC47322571	08/01/2013 08/01/2013 08/01/2013	08/01/2014 08/01/2014 08/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE-EA EMPLOYEE \$2,000,000 E.L. DISEASE-POLICY LIMIT \$2,000,000

Certificate No : 570050918412

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Evidence of Coverage

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Kmart Corporation 3333 Beverly Road Hoffman Estates IL 60179 USA	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 <i>Aon Risk Services Central, Inc.</i>