



**CITY OF SOMERVILLE
BOARD OF ALDERMEN
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600**

APPLICATION TO RENEW FLAMMABLES LICENSE

**CAMBRIDGE PUBLIC HEALTH COMMISSION
CAMBRIDGE HEALTH ALLIANCE
230 HIGHLAND AVENUE
SOMERVILLE, MA 02143**

License #: 1037
City #F220
Fee: 550.00
Account ID: 695
Reference #: 1037

Review and update the information below. If you have workers compensation insurance, 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: CAMBRIDGE HEALTH ALLIANCE Business Location: 230 HIGHLAND AVE Business Phone: (617)591-4337	
License Holder: CAMBRIDGE PUBLIC HEALTH COMMISSION CAMBRIDGE HEALTH ALLIANCE 230 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617)591-4337	
Mailing Address: CAMBRIDGE PUBLIC HEALTH COMMISSION CAMBRIDGE HEALTH ALLIANCE 230 HIGHLAND AVENUE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC)	<i>Governmental Entity (created by c.147 of Acts of 1996)</i>
FID: 043320571	
Food Manager/Emergency Contact: PUBLIC SAFETY 617-665-1822	

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 granted 2/15/2001 as #168379.

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: *Andrew M. Fuqua* Date: 3/10/14
Print Name: ANDREW M. FUQUA, as General Counsel Phone: 617-665-1789

2014 MAR 27 A 11:56
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

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: Cambridge Public Health Commission (d/b/a Cambridge Health Alliance)
 Address: 1493 Cambridge Street
 City: Cambridge State: MA Zip: 02139 Phone #: 617-665-1000

- I am an employer with approximately 3000 employees (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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Sentry Casualty Company
 Address: c/o Willis of Massachusetts, Three Copley Place
 City: Boston State: MA Zip: 02116 Phone #: 617-351-7447
 Policy #: 90-15402-04 Expiration Date: 7/1/14

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 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: Andrew M. Fugua Date: 3/10/14
 Print Name: Andrew M. Fugua as General Counsel

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Cambridge Public Health Commission

Address of taxpayer/applicant's business in Somerville: 230 Highland Avenue

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-665-2681 evening: _____

I, (print name) ANDREW FUQUA, General Counsel of 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 10th day of March, 20 14. Cambridge Public Health Commission by: Andrew Fuqua Its General Counsel
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 3-27-14 INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

726 # 6667001 # _____ # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



3/27/14