

3 SPACES

APPLICATION FOR AN OUTDOOR PARKING LICENSE

Application Fee \$20.00 per space

Date April 7, 2011

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>5/3/2011</u>
Amount Paid	<u>60.00</u>

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

Applicant's Legal Name: Star Markets Company, Inc. Phone: 617-354-7023

Applicant's Address (with Zip Code): 275 Beacon St., Somerville, MA 02145

Applicant's Email Address: heather.shea@shaws.com

Applicant's Federal Employer Identification Number: 04-3243710

Business DBA Name (if applicable): _____

Business Location (with Zip Code): 275 Beacon St., Somerville, MA 02145

Mailing Name (where we should send correspondence to): Heather Shea

Mailing Address (with Zip Code): 750 West Center St., West Bridgewater, MA 02379

Emergency Contact: Heather Shea Phone: 508-313-4641

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed)

Partner's/Member's/President's Name: Larry Wahlstrom, President

Address with Zip Code: 750 West Center Street, West Bridgewater, MA 02379

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

2011 MAY -3 A 10:54
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

Square Footage of the Space to be Used for Parking: 503 Square Feet.

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.

Signature of Applicant: Heather Shea Date: 7/29/11

Print Name: Heather Shea Phone: 508-313-4641

FOR NEW OR EXPANDING APPLICANTS ONLY:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a _____ Zone.

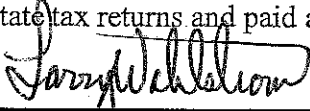
- The use is permitted as of right
- The use requires a special permit
- The use is prohibited

Maximum number of motor vehicles to be kept on the premises: _____

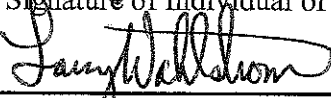
Signature: _____ Title _____ Date: _____

**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.



*Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

04-324-3710

**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: Star Markets Company, Inc.

Address of taxpayer/applicant's business in Somerville: 275 Beacon Street, Somerville, MA

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

Taxpayer/applicant's phone: day: 508-313-4000 evening: _____

I, (print name) Heather Shea, 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 29th day of April, 20 11. Heather Shea
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate # 19633115 Water/Sewer # 661052001 Personal Property # _____ Other: # _____

NOTES:

CLERK'S INITIALS: ll

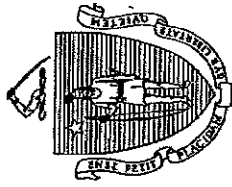
ORIGINAL STAMP: **received**
6-5-11

The Commonwealth of Massachusetts

License No.
742

Serial No.
11475

DEPARTMENT OF INDUSTRIAL ACCIDENTS



This is to Certify that SHAW'S SUPERMARKETS, INC. AND ITS' SUBSIDIARIES

of c/o Superval, 155 North 400 West, Salt Lake City., having conformed with the provisions of
sub-paragraph (2, b) of Section 25A of Chapter 152 of the General Laws is hereby licensed
to be a

SELF-INSURER

This license is effective for a period of one year from the F I R S T day of

J A N U A R Y 20 11 at 12:01 A.M., unless sooner revoked.

DEPARTMENT OF INDUSTRIAL ACCIDENTS

Paul H. [Signature]

COMMISSIONER

THIS LICENSE MUST BE POSTED AT THE LOCATION OF THE BUSINESS