

RECEIVED MAY 17 2013

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

APPLICATION TO RENEW EXTENDED OPERATING HOURS LICENSE

TARGET CORPORATION
 TARGET STORE T 1441
 180 SOMERVILLE AVENUE
 SOMERVILLE, MA

License #: 700

Fee: 550.00

Account ID: 464

Reference #: 700

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: For TARGET STORE T 1441 Business Location: 180 SOMERVILLE AVE Business Phone: 617-776-4036	
License Holder: TARGET CORPORATION TARGET STORE T 1441 180 SOMERVILLE AVENUE SOMERVILLE, MA 02143 617-776-4036	
Mailing Address: TARGET CORPORATION 180 SOMERVILLE AVENUE SOMERVILLE, MA	Target Corporation PO Box 9471 TAN-0910 Minneapolis, MN 55440-9471
Business Type: CORPORATION (INC. LLC)	
FID: 410215170	
Food Manager/Emergency Contact:	Nicole Hoffman 617-776-4036

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: 11/23/12 only, 1AM-11PM

11/29/13 only, 1am-11pm

Description of Location and/or Other Conditions:

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: *Amy Miller*

Date: 5/29/13

Print Name: Amy Miller

Phone: 617-761-2882

CITY CLERK'S OFFICE
 SOMERVILLE, MA

2013 JUN 24 P 12:42

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: Target Store T-1441
Address: 180 Somerville Ave
City: Somerville State: MA Zip: 02143 Phone #: _____
☒ I am an employer with _____ 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 Ins Co. of North America
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: W2247316194 Expiration Date: 02/01/14

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: [Signature] Date: 5/29/13
Print Name: Danena Miller

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: TARGET

Address of taxpayer/applicant's business in Somerville: 180 SOMERVILLE AVE

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

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name), 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 _____ day of

_____, 20____. _____
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

05226979 # 12009900 # 107820

NOTES:

CLERK'S INITIALS:

ORIGINAL STAMP: