



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

APR - 6 2015

Application to Renew Extended Operating Hours License

TARGET CORPORATION
PO BOX 9471
TPN-0910
MINNEAPOLIS MN 55440

License #: BL15-000700
File #: 15-464
Fee: 550

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: TARGET CORPORATION Business Location: 180 SOMERVILLE AVE <i>THH</i> Business Phone: (612)761-1013	
License Holder: TARGET CORPORATION PO BOX 9471 TPN-0910 MINNEAPOLIS MN 55440	
Mailing Address: TARGET CORPORATION PO BOX 9471 TPN-0910 MINNEAPOLIS MN 55440	
Business Type: Corporation	
FID: 410215170	
Emergency Contact: MATTHEW GERETY Phone: 617-776-4036	
Extended hours for in-store service (specify days and hours): 11/28/14 only, 1AM-11PM Extended hours for take-out service (specify days and hours): Extended hours for delivery service (specify days and hours):	

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: Justine Jephson Date: 8/28/15

Printed Name: Justine Jephson Phone: (612)-761-5151



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Target Store T1441

Address of taxpayer/applicant's business in Somerville: 180 Somerville Ave, Somerville, MA

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

Taxpayer/applicant's phone: day: 617-776-4086 evening: _____

I, (print name) Justine Jephson, 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 28th day of

August, 20 15. Justine Jephson
(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: _____

13953 # 118014041 # 13986 # _____

NOTES:

CLERK'S INITIALS: WR

ORIGINAL STAMP: 

URBANS
9-9-15

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 T1441

Address: 180 Somerville Ave

City: Somerville State: MA Zip: 02143 Phone #: 617-776-4030

- ☒ I am an employer with 184 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: Please See Attached

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: _____ Expiration Date: _____

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: Justine Jephson Date: 8/28/15

Print Name: Justine Jephson

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)
02/01/2015

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).

PRODUCER Aon Risk Services Central, Inc. Minneapolis MN Office 5600 West 83 rd Street 8200 Tower, Suite 1100 Minneapolis, MN 55437 USA	CONTACT NAME:	
	PHONE (A/C, No. Ext): (866) 283-7122	FAX (A/C, No): (847) 953-5390
INSURED Target Corporation Target Stores; Target Brands, Inc.; Target.com; Target Food, Inc.; Target Sourcing Services; Target Corporate Services, Inc.; Target Enterprise, Inc.; Target General Merchandise, Inc. 33 South 6 th Street, CC-0905 Minneapolis, MN 55402	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: ACE American Insurance Company	NAIC # 22667
	INSURER B: Indemnity Ins. Co. of North America	43575
	INSURER C: National Union Fire Ins. Co. of Pittsburgh, PA	19445
INSURER D: Illinois Union Insurance Company	27960	
	INSURER E:	

COVERAGES**CERTIFICATE NUMBER:****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 EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	x	x	XSL G27341159	02/01/2015	02/01/2016	EACH OCCURRENCE	\$ 4,500,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 4,500,000
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$ 4,500,000
							GENERAL AGGREGATE	\$ 50,000,000
							PRODUCTS - COMP/OP AGG	\$ 9,000,000
							DRUGGIST LIABILITY - EA OCC	\$ 4,500,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTO <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	x	x	ISA HO8852194	02/01/2015	02/01/2016	COMBINED SINGLE LIMIT (Each Accident)	\$ 2,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			19961833 SIR applies per policy terms and conditions	02/01/2015	02/01/2016	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NY)	Y/N N	N/A	WLRC4814164A	02/01/2015	02/01/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER	
B				WLRC48141651	02/01/2015	02/01/2016	E.L. EACH ACCIDENT	\$ 2,000,000
A				WLRC48141675	02/01/2015	02/01/2016	E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
A	If yes, describe under DESCRIPTION OF OPERATIONS BELOW			WCUC48141687	02/01/2015	02/01/2016	E.L. DISEASE - POLICY LIMIT	\$ 2,000,000
A	LIQUOR LIABILITY			XSL G27341159	02/01/2015	02/01/2016	EACH OCCURRENCE	\$ 4,500,000
A				HDOG27341147 (MI)	02/01/2015	02/01/2016		
D	TEXAS EMPLOYERS EXCESS INDEMNITY			TNS C47872418	02/01/2015	02/01/2016	VOLUNTARY BENEFITS PLAN INDEMNITY EACH ACCIDENT OR EACH EMPLOYEE FOR DISEASE	\$ 2,000,000
							EXCESS EMPLOYERS' LIABILITY EACH ACCIDENT OR EACH EMPLOYEE FOR DISEASE	\$ 2,000,000
							POLICY AGGREGATE	\$ 6,000,000
							SELF-INSURED RETENTION EACH ACCIDENT OR EACH EMPLOYEE FOR DISEASE	\$ 3,000,000

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

USD \$500,000 SIR applies to General Liability, Druggist Liability & Liquor Liability.

Additional Insured Status and Waiver of Subrogation apply if required to be so by written contract with the Named Insured prior to a loss.

CERTIFICATE HOLDERTarget Corporation
1000 Nicollet Mall
Minneapolis, MN 55403 USA**CANCELLATION**

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

Aon Risk Services Central, Inc.

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