NOTE: COMPLETE FORM AND FOWARD WITH FEE TO CITY CLERK' OFFICE. DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFTY.

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION 1010 COMMONWEALTH AVE. BOSTON

RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE

In accordance with the provisions General Laws, the undersigned her CORESITE REAL ESTATE 70 INNERBELT 1050 17TH STREET, SUITE 800 DENVER CO 80265 4444	s of Chapter 148, Section 13, of the reby certifies that: C, LLC. Lic#: F-2012-216 B.O.A.#: 186144 Fee: \$550.00
Restricted to: 100,000 Gallor Restricted as follows; OIL ABOVE GROUND TO POWER EMERGEN INCREASED THE FUEL STORAGE PERMIT 7,500 US GALLONS ON 09/27/2001. N	ns Total
to be situated at 00070 INNER BE as related to the KEEPING, STORAGE EXPLOSIVES. City of Somerville. Note: This Certificate of Registres license if said license was grant owner or occupant of the land license KINDLY CORRECT ANY ERRORS LI	ration must be signed by the holder of the ced prior to July 1, 1936, otherwise by the censed. ESTED ON OUR CURRENT RECORDS ABOVE,
Company Name: <u>CORESITE REAL ESTATE</u> Company Address: <u>00070 INNER BELT RE</u>	
City: SOMERVILLE State Check One: Individual: Co: Corp: True	Gov't Partner st: Agency Ship Other
Owner Name: <u>CORESITE REAL ESTATE</u> Owner Address: <u>1050 17TH STREET, SU</u>	E 70 INNERBELT, LLC. TEL: 1-303-405-1000 DITE 800
Owner City: DENVER FID#: 208068170	State: <u>CO</u> Zip: <u>80265</u>
April 30, 2012. The responsibility for the renewal application is not responsible to the softice of the second application must be significant. Coreside Red Estate To Inner bett, L.L.C. By: Derek S.V. Signature of Applicant	eturned to the City Clerk's office by at once. med by the holder of the license.
1050 17th Street, Soite 800 Address	Received:
Denver, CO 80265	

City Clerk

City

State

Zip

IMPORTANT

Dear	T	icense	Hold	er:

License Holder Signature:_

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: Core Site Real Estate 70 Inner bett, L.L.C.
Somerville Address and Zip Code: 70 Innerbelt Road 02143
Phone Number of the Business: 303-405-1000
a CID ICIL TO To achelt I C
The Legal Name of the License Holder: Core Site Real Estate 70 Inner belt, L.L.C.
Street Address of the License Holder: 1050 17th Street, Suite 800
City, State and Zip Code of the License Holder: Dewer, CO 80265
Phone Number of the License Holder: 303 - 405 - 1000
Email Address of the License Holder:
Where We Should Send Mail: Name: ATTN: Legal
Street Address: 1050 17th Street, Suite 800
City, State and Zip Code: Denver, CO 80265
Email: <u>Cotherine</u> , Montegna @ Core Site. com
Phone Number: 303-22-7312
20, 801-8172
Federal ID # (Do Not Give a Social Security #): 20 -80 68170
Emergency Contact and Phone (For Fire Dept. Use): Peter Pereira (67-406-8143)
Type of Business (Check Only One and Give the Names Indicated):
Sole Proprietor: Name of Owner:
Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:
Trust: Names of All Trustees Who Own More Than 10%:
Corporation (inc. LLC): Name of President: Thomas M. Ray
Name of Secretary: Derek S. McCandless
Name of Treasurer: Jeffrey S. Finnin
Other (Attach a Description of the Form of Ownership and the Names of Owners)
ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:
-All information shown above is true and accurateAny changes above are subject to the approval of the Somerville Board of Aldermen.
-Any changes above are subject to the approved of the approved of the subject to the subjec

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.

Core Site Real Estate 70 Innerbelt, L.L.C.

* Signature of Individual or Corporate Name (Mandatory)

Derek S. McCarolless, Sr. Vice President & Secretary
By: Corporate Officer (Mandatory, if a corporation)

** 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

1 ST. D. ISalla 70 Tonesbelt, L.C.
Exact name of taxpayer/applicant's business: Core Site Real Estate 70 Innerbett, L. C.
Address of taxpayer/applicant's business in Somerville: 70 Innerbett Road, Somerville, mf 03
Address of taxpayer/applicant's home in Somerville: _\(\sigma\) \(\rightarrow\)
Taxpayer/applicant's phone: day: 303-405-1000 evening: NA
Derek S. McCardless, Senior Vice President, Legal and Secretary of I, (print name) Core Site Real & state 70 Inverted +, L. L.C., the undersigned Taxpayer, do hereby
cortify that all the information contained herein is true and correct and arreads and roos due are city
have been paid or that the Taxpayer has entered into an agreement to pay all taxes and lees and is
current on said agreement.
SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 29th day of
March , 20 12. (Taxpayer's signature)
(Taxpayor 5 digitation)
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:
0(235115 # 55/002712 # 735
NOTES: 55/0000/2
CLERK'S INITIALS: ORIGINAL STAMP: ORIGINAL STAMP:
Somerville City Hall • 93 Highland Avenue • Somerville Massachusetts 02143

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143 (617) 625-6600 Ext. 3500 • TTY: (866) 808-4851 • Fax: (617) 666-9682 WWW.SOMERVILLEMA.GOV



The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street, 7th Floor

Boston, Mass. 02111
Workers' Compensation Insurance Affidavit - General Businesses

Bleace to State Core Site Real Estate 70 Inner belt L. L. C. address 1050 17th Street Suite 800 city Derwer State Co zip Sco265 plane 303 - 405 - 1000 work site location (full address) 70 Inner belt Read Somewille M Co143 I am a sole proprietor and have no one Business Type Retail Restaurant/Bar/Estatig Establishment Office Sales (including Real Estate, Autos etc.) I am an employer with O employees (full & part time) Office Sales (including Real Estate, Autos etc.) I am an employer providing workers' compensation for my employees working on this job. I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation polices:
state: O zip: SODOS phone # 303-405-1000 eity Denvel state: O zip: SODOS phone # 303-405-1000 work site location (full address): To Inverbett Road, Somewille, MA O1+43 I am a sole proprietor and have no one working in any capacity. Retail Restaurant/Bar/Eating Establishment working in any capacity. I am an employer with O employees (full & part time) Other Cepter I am an employer providing workers' compensation for my employees working on this job. I am an an employer providing workers' compensation for my employees working on this job. I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation polices:
work site location (full address): I am a sole proprietor and have no one working in any capacity. I am an employer with O employees (full & part time) O other d.c. Company name:
work site location (full address): 10 Inverbett Road, Somewille, MA O3143 I am a sole proprietor and have no one Business Type: Retail Restaurant/Bar/Eating Establishment working in any capacity. Office Sales (including Real Estate, Autos etc.) I am an employer with O employees (full & part time) Other
working in any capacity. I am an employer with
working in any capacity. I am an employer with
I am an employer providing workers' compensation for my employees working on this job. I am an employer providing workers' compensation for my employees working on this job. Company name:
I am an employer providing workers' compensation for my employees working on this job.
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company name: address: phone #: city:
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Failure to secure coverage as required under Section 250 STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a
one years' imprisonment as well as civil penalties in the form of a STOT World of Statement may be forwarded to the Office of Investigations of the DIA for coverage verification.
conv of this statement may be forwarded to the Office of investigations
I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct. Core Side Real Estate 70 Innectant, Core Side Real Estate 70 Innectant Side Real Esta
I do hereby certify under the pains and penalties of perjury that the information pate March 29,2012 Signature Date McCardless St. Nice President 9 Phone # 38-202-7307
Print name Derek S. McCardless, Sr. Vice President & Phone # 303-202-7307
Social was only and part write in this area to be completed by city or town official
official disc only permit/license #Building Department city or town:Dicensing Board
city or town: Licensing Board Selectmen's Office
official use only do not write permit/license # Building Department
contact person:pnone #;