APPLICATION FOR EXTENDED OPERATING HOURS

Application Fee $550.00

Date October 3, 2012

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	
Amount Paid	

CITY CLERK'S OFFICE SOMERVILLE, MA 2012 OCT -4 A 11:55

__ New Application

X Renewing Application with Additions or Changes

X Renewing Application with NO Additions or Changes

Business (DBA) Name: Target Store T-1441 Phone: 617-776-4036

Business Location (with Zip Code): 180 Somerville Ave Somerville MA 02143

Applicant's Legal Name: Nicole Hoffman on behalf of Target Corporation

Applicant's Address (with Zip Code): 1000 Nicollet mall minneapolis, MN 55403

Applicant's Email Address: business.licensing@target.com

Applicant's Federal Employer Identification Number: 41-0215170

Mailing Name (where we should send correspondence to): Target Store T1441

Mailing Address (with Zip Code): PO Box 9471 TPN-0910 minneapolis MN 55440

Emergency Contact: Target Alarm Phone: 800 622 0650

Type of Business (Check one): __Sole Proprietor __Partnership (inc. LLP) __Trust

X 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:_____

Address with Zip Code:_____

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

Address with Zip Code:_____

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

Address with Zip Code:_____

RECEIVED MAR 2 9 201

IMPORTANT

Dear License Holder:

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

License Type: Extended Operating Hours
License Number: #192222
Business Name: Target Store T-1441
Location: 180 Somerville Ave
Special Conditions (if any): 11/25/11 only, 1AM-11PM,

Renewal Fee (Return with this application): $550

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business: Target Store T1441
Somerville Address and Zip Code: 180 Somerville Ave
Phone Number of the Business:

The Legal Name of the License Holder: Target Corporation
Street Address of the License Holder: 1000 Nicollet Mall
City, State and Zip Code of the License Holder: Minneapolis, MN 55403
Phone Number of the License Holder: 612-696-6036
Email Address of the License Holder: mark.schuerze@target.com

Where We Should Send Mail: Name: Business License
Street Address: PO Box 9471 TPN-0910
City, State and Zip Code: Minneapolis, MN 55440-9471
Email: Business.licensing@target.com
Phone Number: 612-696-6036

Federal ID # (Do Not Give a Social Security #): 41-0215170

Emergency Contact and Phone (For Fire Dept. Use):

-OVER-

Extended hours requested (include hours of operation and days of week)

11/23/12 1am - 11 PM

Type of business retail

Length of time at this location 10 years 2 months

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: [signature] Date: 10/3/12

Print Name: Nicole Hoffman Phone: 6177744836

POLICE DEPT. (for new applicants or applicants further extending their hours):

The Chief of Police recommends that the application be

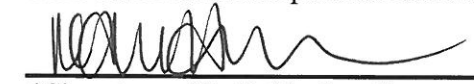
_____ Approved

_____ Denied

Signature: [signature] Name and Title: Nicole Hoffman
Store team Leader

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)

Mark E. Hoffman

By: Corporate Officer (Mandatory, if a corporation)

41-0215170

**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

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Target Store T-1441

Address of taxpayer/applicant's business in Somerville: 174-176 — 180 Somerville Ave

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

Taxpayer/applicant's phone: day: 612-761-2282 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: ____
# 18628	# 1203300	# 1081	#

NOTES:

CLERK'S INITIALS: _____ **ORIGINAL STAMP:**

RECEIVED
10-4-12

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
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: Target Store T1441

Address: 180 Somerville Ave

City: Somerville State: MA Zip: Phone #:

☒ I am an employer with _____ 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: Indemnity Ins. Co of North America

Address:

City: State: Zip: Phone #:

Policy #: WLRC6178044 Expiration Date: 2/1/13

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: Tamara Miller Date: 9/18/12

Print Name: Tamara Miller

Official use only. Do not write in this area. To be completed by city or town official.

*City or Town:*_____ *Permit/License #:* _____

☐ *Board of Health*
☐ *Building Department*
☐ *City/Town Clerk*
☐ *Licensing Board*
☐ *Selectmen's Office*
☐ *Other* _____

Contact Person: _____ *Phone #:* _____

(revised Jan. 2008)