

**CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE**

NSTAR ELECTRIC & GAS CORP.
800 BOYLSTON ST., SUM SE 200
BOSTON MA 02199

LIC #: 2010-235
B.O.A.# 179941

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ___ Auto Body Work: ___ Parking or Storing Vehicles: X
Washing Vehicles: ___ Spray Painting: ___ Operating a Tow Vehicle: ___

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
This Certificate must be signed and filed with the required fee of \$500.00 not later than April 30, 2010. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current records below. Please print or type your information, except for signature.

Company Name: NSTAR ELECTRIC & GAS CORP. TEL: 617-369-5497
Company Address: 00181 MCGRATH HWY

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Ship ___ Gov't Partner Other ___
Owner Name: NSTAR ELECTRIC & GAS CORP. TEL: 617-369-5497
Owner Address: 800 BOYLSTON ST., SUM SE 200

Owner City: BOSTON State: MA Zip: 02199
FID#: 043501423

This renewal is being sent to you as a courtesy, please file on time. If this renewal is not returned to City Clerk's office by 04/30/2010, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
*** GARAGE NOT OPEN TO THE PUBLIC ***

LICENSE #: 2010-235
FEE: \$500.00

This is to certify: NSTAR ELECTRIC & GAS CORP.
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 12/08/2005

Garage situated at: 00181 MCGRATH HWY
Doing business as : NSTAR ELECTRIC & GAS CORP.
Shall not exceed: 20 Vehicles Inside
in addition the following restrictions apply:
APPROVED WITH CONDITIONS STORAGE ONLY, 20 AUTO MAX.

CITY CLERK'S OFFICE
SOMERVILLE, MA
2009 SEP 23 A 8:50

This renewal certificate must be signed by the holder of the license.
Check One: Owner X Occupant ___ Holder ___

Doc NSTAR Way
Signature of Applicant
Westwood MA 02090
Address
City State Zip

** Office Use Only **
Mailed _____
Taken _____
Received: CK 2384
\$500
City Clerk

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.

NSTAR

* Signature of Individual or Corporate Name (Mandatory)

R. L. Weaver Jr.

By: Corporate Officer (Mandatory, if a corporation)

04-1989250

** 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. Exact name of taxpayer/applicant's business: NSTAR Electric Company
2. Address of taxpayer/applicant's business in Somerville: 71 LINWOOD ST.
3. Address of taxpayer/applicant's home in Somerville: N/A
4. Taxpayer/applicant's phone: day: 781-441-8379 evening: N/A

I, Teresa Joyce, 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 13th day of September, 20 10. Teresa Joyce
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE: See attached

Real Estate Water/Sewer Personal Property Other: _____

09200158 # 145031001 # _____

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:

received
Disantoni
9-23-10

City of Somerville

NSTAR Electric Company Property Tax Accounts:

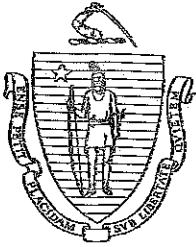
Address	Account Number
110 Willow Ave.	02062140
Medford St.	02062110
Bow St. Place	02061160
51 Prospect St.	02062130
Prospect Pl.	02062120
Cross St. East	20010450
135 Linwood St.	89000300
39 Franklin Ave.	00024729
Washington Ave.	00025100
71 Linwood St	09200158
77 Linwood St.	02062070
32 Linwood St.	02062060
181 McGrath Hwy	20675075
Personal Property Tax	1080018

Water & Sewer

101 Linwood St.	145033001
71 Linwood St.	145031001
181 Mc Grath Highway	145050001

NSTAR Gas Company Personal Property Tax Account:

Personal Property Tax	10850034
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The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information @ 181 McGrath Hwy - Somerville Please Print Legibly

Business/Organization Name: NSTAR Electric & Gas Corporation

Address: 800 Boylston St. SUMSE260

City/State/Zip: Boston, MA 02199 Phone #: 617-424-2000

Are you an employer? Check the appropriate box:

- 1. I am a employer with 3,100 employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other Utility Service Company

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

License Insurance Company Name: NSTAR and Its Subsidiaries

Insurer's Address: 800 Boylston St. SUMSE260

City/State/Zip: Boston, MA 02199

Policy # or Self-ins. Lic. # 894 Expiration Date: January 1, 2011

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Cynthia D. Blau Date: 9/21/10

Phone #: 781-441-3638

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

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other _____

Contact Person: _____ Phone #: _____

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/28/09

PRODUCER USI Ins Serv of MA, Inc P O Box 920444 Needham, MA 02492		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED NSTAR And Its Subsidiaries One NSTAR Way, Sum-Se 260 Westwood, MA 02090		INSURERS AFFORDING COVERAGE INSURER A: Liberty Insurance Corp INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 42404

COVERAGES

COVERAGES AS OF 12/28/09

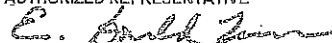
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Workers' Compensation & Employers Liab.	EW7Z1N253484010	01/01/10	01/01/11	Statutory \$500,000 Retention

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

NSTAR One Nstar Way SE 250 Westwood, MA 02090	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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