

**IMPORTANT**

Apr 11

**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: #191172  
Business Name: Gold's Gym  
Location: 14 McGrath Hwy  
Special Conditions (if any): Su-Sa, 24 Hrs,

Renewal Fee (Return with this application): \$550

PLEASE FILL IN ALL SIX BOXES BELOW:

2012 MAY 23 P 12:43  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

The DBA Name of the Business: Gold's Gym  
Somerville Address and Zip Code: 14 McGrath Hwy Somerville, MA 02143  
Phone Number of the Business: (617) 625-9566

The Legal Name of the License Holder: Fitness 24-7 Inc  
Street Address of the License Holder: 14 McGrath Hwy  
City, State and Zip Code of the License Holder: Somerville, MA 02143  
Phone Number of the License Holder: (617) 625-9566  
Email Address of the License Holder: goldsgymcentral@gmail.com

Where We Should Send Mail: Name: Gold's Gym  
Street Address: 14 McGrath Hwy  
City, State and Zip Code: Somerville, MA 02143  
Email: goldsgymcentral@gmail.com  
Phone Number: (617) 625-9566

Federal ID # (Do Not Give a Social Security #): 45 295 6818

Emergency Contact and Phone (For Fire Dept. Use): bruce Thompson (617) 234-4311

-OVER-

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: Jonas Thompson

Name of Secretary: \_\_\_\_\_

Name of Treasurer: \_\_\_\_\_

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 accurate.

-Any changes above are subject to the approval of the Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: \_\_\_\_\_

Date

5/23/2012



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Fitness 24-7 Inc. d/b/a Gold's Gym  
Address of taxpayer/applicant's business in Somerville: 14 McGrath Hwy Somerville, MA 02143  
Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_  
Taxpayer/applicant's phone: day: (617) 625-9566 evening: \_\_\_\_\_

I, (print name) Jonas Thompson, 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 21 day of May, 20 12.  
[Signature]  
(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: \_\_\_\_\_

# \_\_\_\_\_ # \_\_\_\_\_ # 789 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



*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: Fitness 24-7 Inc d/b/a Gold's Gym  
Address: 14 McGrath Hwy Somerville, MA 02143  
City: Somerville State: MA Zip: 02143 Phone #: 1617-618-9566

- ☒ I am an employer with 8 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: The Hartford  
Address: 8600 Wiseman BLVD  
City: San Antonio State: TX Zip: 78251 Phone #: (866) 467 8730  
Policy #: 08 WEC 605046 Expiration Date: 11/21/12

**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: \_\_\_\_\_

Print Name: James Thompson

*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



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## CHANGE IN INFORMATION PAGE

INSURER: TWIN CITY FIRE INSURANCE COMPANY

NCCI Company Number: 14974

AUDIT PERIOD: ANNUAL

POLICY EFFECTIVE DATE: 11/21/11

POLICY EXPIRATION DATE: 11/21/12

Policy Number: 08 WEC GO5046

Endorsement Number: 02 HOUSING CODE: DW

Effective Date: 11/21/11

Effective hour is the same as stated in the Information Page of the policy.

Named Insured and Address: FITNESS 24-7

14 MCGRATH HIGHWAY TWIN CITY PLACE  
SOMERVILLE, MA 02143

FEIN Number: 452956818

PRO RATA FACTOR: 1.000

PRODUCER NAME: HUB INTL NEW ENGLAND LLC/PHS

PRODUCER CODE: 087260

**It is agreed that the policy is amended as follows:**

ANY CHANGES IN YOUR PREMIUM WILL BE REFLECTED IN YOUR NEXT BILLING  
STATEMENT. IF YOU ARE ENROLLED IN REPETITIVE EFT DRAWS FROM YOUR  
BANK ACCOUNT, CHANGES IN PREMIUM WILL CHANGE FUTURE DRAW AMOUNTS.  
THIS IS NOT A BILL.

IN CONSIDERATION OF NO CHANGE IN PREMIUM IT IS AGREED THAT:

NAMED INSURED IS AMENDED TO READ FOR INSURED 01  
FITNESS 24-7

FORM NUMBERS OF ENDORSEMENTS ADDED TO THIS POLICY AT ENDORSEMENT  
ISSUE: WC990365

FORM NUMBERS OF ENDORSEMENTS DELETED FROM THIS POLICY AT  
ENDORSEMENT ISSUE:

Countersigned by

Authorized Representative

Form WC 99 00 06 A (1) Printed in U.S.A.

Process Date: 11/02/11

Page 1 (CONTINUED ON NEXT PAGE)

Policy Expiration Date: 11/21/12

ORIGINAL

01073

\*2000208GO50460312

