



CITY OF SOMERVILLE

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

Application to Renew Garage License

CBRE
65 LANDSDOWNE ST
CAMBRIDGE MA 02139

License #: BL15-000945
File #: 15-749
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: CBRE Business Location: 21 THIRD AVE Business Phone: 617-278-1037	
License Holder: CBRE 65 LANDSDOWNE ST CAMBRIDGE MA 02139	
Mailing Address: CBRE 65 LANDSDOWNE ST CAMBRIDGE MA 02139	
Business Type: Corporation GARY GOTTLIEB PETER MARKELL MAUREEN GOGGIN	David Torchiana, M.D. - President Peter Markell - Treasurer Maureen Goggin - Secretary
FID: 043230035	
Emergency Contact: REBECCA COBURN Phone: 617-726-5400	
Proposed Hours of Operation if outside standard hours: MO-FR 4AM-MIDNITE, SA 8AM-7PM # of Vehicles Kept Inside: 76 # of Vehicles Kept Outside: 0 Open to the public? No Mechanical repairs? Yes Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? Yes Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	93 Yes CITY CLERK'S OFFICE SOMERVILLE, MA 2015 APR 28 P 3:11

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:  Date: 4/15/15

Printed Name: TIMOTHY J. PATTERSON Phone: 617-724-6234



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Partners HealthCare System, Inc.

Address of taxpayer/applicant's business in Somerville: 21 Third Avenue, Somerville, MA 02143

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617-724-5234 evening: 617-724-5234

I, (print name) Tim Pattison, V.P. of Real Estate + Facilities, 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 15th day of April, 2015.
(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: _____

14996 # 551001042 # _____ # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



RECEIVED
UBarrows
4-28-15

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Partners HealthCare System, Inc.
Address: PRUDENTIAL CENTER, 800 BOYLSTON STREET, 11th floor
City: BOSTON State: MA Zip: 02199 Phone #: 617-724-6234

- ☒ I am an employer with 60,000 employees (full and/or part time). Business Type: ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☒ Health Care (non-profit)
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Self-Insured; see attached DIA certificate
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: See attached DIA certificate 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: [Signature] Date: 4/15/15

Print Name: TIMOTHY J. PATTISON

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

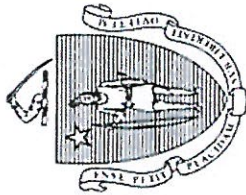
City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____
☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____

The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS

License No.
873

Serial No. 11799



This is to Certify that PARTNERS HEALTHCARE SYSTEM, INC. AND ITS'
of 529 Main Street, Charlestown, MA 02129 SUBSIDIARIES
2, b), having conformed with the provisions of
sub-paragraph (2, b) of Section 25A of Chapter 152 of the General Laws is hereby licensed
to be a

SELF-INSURER

This license is effective for a period of one year from the F I R S T day of

S E P T E M B E R 20 14, at 12:01 A.M., unless sooner revoked.

DEPARTMENT OF INDUSTRIAL ACCIDENTS

George E. Noel

D I R E C T O R

THIS LICENSE MUST BE POSTED AT THE LOCATION OF THE BUSINESS