



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

CK - 1273
\$550

APPLICATION TO RENEW EXTENDED OPERATING HOURS LICENSE

**FITNESS 24-7 INC.
GOLD'S GYM
14 MCGRATH HWY
SOMERVILLE, MA 02143**

License #: 947

Fee: 550.00

Account ID: 752

Reference #: 947

7050

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: For GOLD'S GYM Business Location: 14 MCGRATH HWY Business Phone: 617-625-9566	
License Holder: FITNESS 24-7 INC. GOLD'S GYM 14 MCGRATH HWY SOMERVILLE, MA 02143 617-625-9566	
Mailing Address: FITNESS 24-7 INC. 14 MCGRATH HWY SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JONAS THOMPSON SECRETARY - JONAS THOMPSON	
FID: 452956818	
Food Manager/Emergency Contact: JONAS THOMPSON 781-234-4311	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MON-SUN, 24 HRS/DAY**

Description of Location and/or Other Conditions:

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: 3/22/2013

Print Name: Jonas Thompson

Phone: (617) 939-6634

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
City: Somerville State: MA Zip: 02149 Phone #: (617)625-9566

- 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 Health & Fitness

Workers' compensation insurance information (if applicable):

Insurance Company Name: The Hartford (Twin City Fire Insurance Co.)
Address: 1 Hartford Plaza
City: Hartford State: CT Zip: 06155 Phone #: (866)467-8730
Policy #: 08 WEC 605046 Expiration Date: 11-21-2013

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: 3/22/2013
Print Name: Jones 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 _____

46 (Policy Provisions: WC 00 00 00 B)

50

GO INFORMATION PAGE

WEC WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: TWIN CITY FIRE INSURANCE COMPANY

ONE HARTFORD PLAZA, HARTFORD, CONNECTICUT 06155

NCCI Company Number: 14974

Company Code: 7



04383

*3500208G050460101



POLICY NUMBER:

08 WEC GO5046

Previous Policy Number:

08 WEC GO5046

HOUSING CODE: DW

1. Named Insured and Mailing Address: FITNESS 24-7

(No., Street, Town, State, Zip Code)

Suffix	
LARS	RENEWAL
	12

(SEE ENDT)

FEIN Number: 452956818

14 MCGRATH HIGHWAY TWIN CITY PLACE
SOMERVILLE, MA 02143

State Identification Number(s):

The Named Insured is: CORPORATION

Business of Named Insured: FITNESS CLUB

Other workplaces not shown above: 14 MCGRATH HIGHWAY
SOMERVILLE MA 02143

2. Policy Period: From 11/21/12 To 11/21/13

12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: HUB INTL NEW ENGLAND LLC/PHS

301 WOODS PARK DRIVE
CLINTON, NY 13323

Producer's Code: 087260

Issuing Office: THE HARTFORD

301 WOODS PARK DRIVE
CLINTON NY 13323
(866) 467-8730

Total Estimated Annual Premium: \$769

Deposit Premium:

Policy Minimum Premium: \$277 MA (INCLUDES INCREASED LIMIT MIN. PREM.)

Audit Period: ANNUAL

Installment Term:

The policy is not binding unless countersigned by our authorized representative.

Countersigned by

Authorized Representative

10/13/12
Date

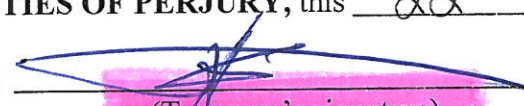


City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Fitness 24-7 Inc
Address of taxpayer/applicant's business in Somerville: D/ola Golds Gym
14 Mc Grath Hwy Somerville, MA
02143
Address of taxpayer/applicant's home in Somerville: _____
Taxpayer/applicant's phone: day: (617) 625-9566 evening: (617) 939-6634

I, (print name) Yonas 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 22 day of March, 2013.

(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: _____

9650 # 145042001 # 758 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP: 

RECEIVED
Baraw
3-29-13