



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

**APPLICATION TO RENEW FLAMMABLES LICENSE**

**3E COMPANY/THE HOME DEPOT USA  
HOME DEPOT #2667  
3207 GREY HAWK COURT  
REGULATORY DEPT., SUITE 200  
CARLSBAD, CA 92010**

License #: **933**

City #F160

Fee: **550.00**

Account ID: **742**

Reference #: **933**

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 <b>THE HOME DEPOT #2667</b> Business Location: <b>75 MYSTIC AVE</b> Business Phone: <b>617-623-0001</b>	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">           CITY CLERK'S OFFICE SOMERVILLE, MA 2013 APR 12 P 12:04         </div>
License Holder: <b>THE HOME DEPOT #2667</b> <b>75 MYSTIC AVE</b> <b>SOMERVILLE, MA 02143</b> <b>617-623-0001</b>	
Mailing Address: <b>3E COMPANY/THE HOME DEPOT USA</b> <b>3207 GREY HAWK COURT</b> <b>REGULATORY DEPT., SUITE 200</b> <b>CARLSBAD, CA 92010</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>TREASURER - DWAIN KIMMET</b> <b>PRESIDENT - FRANK BLAKE</b>	<i>Jack Van Woerkom - EVP, General Counsel &amp; corporate secretary</i>
FID: <b>581853319</b>	
Food Manager/Emergency Contact: <b>STEVEN HAYNES</b> <b>617-212-9049</b>	
<i>Jennifer Wagner</i> <i>781-913-5478</i>	

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

Hours: **MO-SU 5 AM - MIDNIGHT** *Mon - 10pm m-Sat; Sun 8am-8pm*  
*night shift employees - 24 hrs*

Description of Location and/or Other Conditions:

**Originally Issued 11/18/1992, 27,698 Gals. Combustibles. 6,438 Flammables.**

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: *Jan King* *Agent for The Home Depot USA, Inc.* Date: *3/29/13*

Print Name: *Jan King* Phone: *760-602-8700*

**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: The Home Depot #2667

Address: 75 Mystic Avenue

City: Somerville

State: MA

Zip: 02145

Phone #: (617) 623-0001

- ☒ I am an employer with 214 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: Please refer to the attached certificate of liability for more information.

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_

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: Jan King Jan King-Agent for The Home Depot USA, Inc. Date: 4/1/13

Print Name: 760-602-8700 Jan King

*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 \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/13/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> MARSH USA, INC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326  100492-HomeD-GAW-13-14	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>E-MAIL ADDRESS:</b> <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Steadfast Insurance Company INSURER B : Zurich American Insurance Co INSURER C : New Hampshire Ins Co INSURER D : Illinois National Ins Co INSURER E : INSURER F : <b>NAIC #</b> 26387 16535 23841 23817
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**COVERAGES****CERTIFICATE NUMBER:**

ATL-003149860-04

**REVISION NUMBER: 2**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		GLO4887714-03  LIMITS OF POLICY XS OF SIR: \$1M PER OCC	03/01/2013	03/01/2014	EACH OCCURRENCE \$ 9,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 9,000,000 GENERAL AGGREGATE \$ 9,000,000 PRODUCTS - COMP/OP AGG \$ 9,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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		BAP 2938863-10  SELF INSURED AUTO PHY DMG	03/01/2013	03/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b> <input type="checkbox"/>					EACH OCCURRENCE \$ AGGREGATE \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WC033575314 (AOS) WC033575315 (AK, AZ) WC033575316 (FL)	03/01/2013 03/01/2013 03/01/2013	03/01/2014 03/01/2014 03/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	<b>WORKERS COMPENSATION</b>		WC033575317 (KY, NC, NH, VT) WC033575318 (NJ)	03/01/2013 03/01/2013	03/01/2014 03/01/2014	(EL) LIMIT 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: ALL HOME DEPOT LOCATIONS

**CERTIFICATE HOLDER****CANCELLATION**3E Company  
3207 Grey Hawk Court  
Suite 200  
Carlsbad, CA 92010

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
of Marsh USA Inc.

Manashi Mukherjee

*Manashi Mukherjee*

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City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: The Home Depot #2667

Address of taxpayer/applicant's business in Somerville: 75 Mystic Avenue, Somerville, MA 02145  
The Home Depot USA, Inc. Corporate Address:

Address of taxpayer/applicant's home in Somerville: 2455 Paces Ferry Rd., Atlanta, GA 30339  
(770) 433-8211-corporate office

Taxpayer/applicant's phone: day: (617) 623-0001-store evening: (800) 451-8346(3ECompany/24hr)

I, (print name) Brenda Cunningham, 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 27 day of March, 2013. Brenda Cunningham  
(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: \_\_\_\_\_

# 10696 # 661024001 # 914 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: JB

ORIGINAL STAMP:

