



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

**APPLICATION TO RENEW OPEN AIR VENDOR LICENSE**

**AGASSIZ PRESCHOOL  
184 SUMMER ST  
SOMERVILLE, MA 02143**

**PAST DUE**

License #: **984**  
Fee: **150.00**  
Account ID: **778**  
Reference #: **984**

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: <b>AGASSIZ PRESCHOOL</b> Business Location: <b>184 SUMMER ST</b> Business Phone: <b>617-627-9355</b>	
License Holder: <b>AGASSIZ PRESCHOOL 184 SUMMER ST SOMERVILLE, MA 02143 617-627-9355</b>	
Mailing Address: <b>AGASSIZ PRESCHOOL 184 SUMMER ST SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC) SECRETARY - HEATHER THOMPSON TREASURER - PETER KOCHANSKY PRESIDENT - SASHA CHANOFF</b>	
FID: <b>042493531</b>	
Food Manager/Emergency Contact: <b>TRACEY KAPLAN</b> <b>617-417-0614</b>	

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

Hours: **MO-SU 8AM - 9PM**

*Sorry - didn't ever receive a bill  
Event was in Dec.*

Description of Location and/or Other Conditions:

**Selling Xmas Trees and Wreaths.**

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: *Tracey Kaplan* Date 5/20/14  
Print Name: Tracey Kaplan Phone 617-627-9355