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CH-01002841
$60

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

## APPLICATION TO RENEW OUTDOOR PARKING LICENSE

License #: **128**

**SUPERVALU, INC.**
**ATTN: LICENSING, PO BOX 20**
**250 PARKCENTER BLVD**
**BOISE, ID 83726**

Fee: **60.00**
Account ID: **139**
Reference #: **128**

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 **STAR MARKETS COMPANY INC #7575/536**<br>Business Location: **275 BEACON ST**<br>Business Phone: **617-354-7023** | |
| License Holder: **STAR MARKETS COMPANY INC**<br>**STAR MARKET/HEATHER SHEA**<br>**750 WEST CENTER ST**<br>**WEST BRIDGEWATER, MA 02379**<br>**617-354-7023** | 2013 APR 17 P 12:22<br>CITY CLERK'S OFFICE<br>SOMERVILLE, MA |
| Mailing Address: **SUPERVALU, INC.**<br>**250 PARKCENTER BLVD**<br>**BOISE, ID 83726** | |
| Business Type: **CORPORATION (INC. LLC)**<br>**SECRETARY - CAROL WOOD**<br>**TREASURER - JOHN BOYD**<br>See attached | |
| FID: **043243710** | |
| Food Manager/Emergency Contact:<br>**MARTY O'HALLORAN** **800-379-2967** | |
| | |

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

Hours: **NOT APPLICABLE**

**3 SPACES**

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.

APR 08 2013

Signature: Deborah Sunderland Date

Print Name: Deborah Sunderland Phone 208-395-4913

*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: See Attached

Address:

City: State: Zip: Phone #:

☐ I am an employer with _____ 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:

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: _____ Date: _____

Print Name: _____

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

*City or Town:*_____ *Permit/License #:* _____

☐ *Board of Health*
☐ *Building Department*
☐ *City/Town Clerk*
☐ *Licensing Board*
☐ *Selectmen's Office*
☐ *Other* _____

*Contact Person:* _____ *Phone #:* _____

(revised Jan. 2008)

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/30/2012

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).

PRODUCER
Marsh USA Inc.
333 South 7th Street, Suite 1600
Minneapolis, MN 55402-2400
Attn: MinneapolisCertRequest@marsh.com/fax: 212-948-0700

067800-STND2-GAWXS-12-13

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURED
SUPERVALU INC.
ITS AFFILIATES AND SUBSIDIARIES
P.O. BOX 990
MINNEAPOLIS, MN 55440

| INSURER(S) AFFORDING COVERAGE | | NAIC # |
|---|---|---|
| INSURER A : | Old Republic Insurance Co | 24147 |
| INSURER B : | National Union Fire Ins Co Pittsburgh PA | 19445 |
| INSURER C : | Safely National Casualty Corp. | 15105 |
| INSURER D : | | |
| INSURER E : | | |
| INSURER F : | | |

COVERAGES CERTIFICATE NUMBER: CHI-004171608-31 REVISION NUMBER:

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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | GENERAL LIABILITY | | | MWZY59815 | 08/01/2012 | 08/01/2013 | EACH OCCURRENCE | $ 2,000,000 |
| | X COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| | CLAIMS-MADE X OCCUR | | | | | | MED EXP (Any one person) | $ -0- |
| | X $1,000,000 SIR | | | | | | PERSONAL & ADV INJURY | $ 2,000,000 |
| | X Erodes Each Occ limit | | | | | | GENERAL AGGREGATE | $ 4,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP AGG | $ 4,000,000 |
| | POLICY PRO-JECT X LOC | | | | | | | $ |
| A | AUTOMOBILE LIABILITY | | | MWTT13066 | 08/01/2012 | 08/01/2013 | COMBINED SINGLE LIMIT (Ea accident) | $ 7,500,000 |
| | X ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | ALL OWNED AUTOS / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | X HIRED AUTOS / X NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| B | X UMBRELLA LIAB X OCCUR | | | 13273295 | 08/01/2012 | 08/01/2013 | EACH OCCURRENCE | $ 5,000,000 |
| | EXCESS LIAB / CLAIMS-MADE | | | | | | AGGREGATE | $ 5,000,000 |
| | DED / RETENTION $ | | | | | | | $ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | MWC11792400 | 08/01/2012 | 08/01/2013 | X WC STATU-TORY LIMITS / OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: N | N/A | | | | | E.L. EACH ACCIDENT | $ 2,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ 2,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ 2,000,000 |
| C | EXCESS WORKERS COMP | | | SP4046868 **See Additional Page** | 08/01/2012 | 08/01/2013 | EACH ACCIDENT | 1,000,000 |
| | | | | | | | DISEASE - EACH EMPLOYEE | 1,000,000 |

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

CERTIFICATE HOLDER

SUPERVALU INC.
ITS AFFILIATES AND SUBSIDIARIES
P.O. BOX 990
MINNEAPOLIS, MN 55440

CANCELLATION

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

# City of Somerville, Massachusetts
# Finance Department, Treasury Division

## CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Star Markets Co. #1515/536

Address of taxpayer/applicant's business in Somerville: 275 Beacon St.

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day 617-354-7023 evening: _____

I, (print name) Dawn Burrow, 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 8 day of April, 20 13. Dawn Burrow
(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: ___

# 1141 # 66105201 # 45 #

**NOTES:**

**CLERK'S INITIALS:** RB **ORIGINAL STAMP:** RECEIVED 4-12-13