

NOTE: COMPLETE FORM AND FOWARD WITH FEE TO CITY CLERK' OFFICE.  
DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFTY.

**THE COMMONWEALTH OF MASSACHUSETTS**

DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION  
1010 COMMONWEALTH AVE. BOSTON

**RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE**

In accordance with the provisions of Chapter 148, Section 13, of the  
General Laws, the undersigned hereby certifies that:  
3E COMPANY/HOME DEPOT #2667 ATTN:REGULATORY DEPT. Lic#: F-2011-160  
1905 ASTON AVENUE, SUITE 100 B.O.A.#:  
CARLSBAD CA 92008 4444 Fee: \$500.00

Restricted to: 34,136 Gallons Total  
Restricted as follows;  
27,698 GALS. COMBUSTIBLES  
6,438 FLAMMABLES  
  
34,136 GALS. TOTAL

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
2011 APR 26 P 2:35

Is the holder of the license originally granted 11/12/1992  
for the lawful use of the building (s) or other structure (s) situated or  
to be situated at 00075 MYSTIC AV  
as related to the KEEPING, STORAGE, MANUFACTURE, OR SALE OF FLAMMABLES OR  
EXPLOSIVES. City of Somerville.

Note: This Certificate of Registration must be signed by the holder of the  
license if said license was granted prior to July 1, 1936, otherwise by the  
owner or occupant of the land licensed.

KINDLY CORRECT ANY ERRORS LISTED ON OUR CURRENT RECORDS ABOVE,  
AND COMPLETE THE LOWER SECTION OF THIS RENEWAL APPLICATION.

Company Name: HOME DEPOT, 2667 TEL: 617-623-0001  
Company Address: 00075 MYSTIC AV

City: SOMERVILLE State: MA Zip: 02145

Check One: Individual:  Co:  Corp:  Trust:  Agency  Ship  Gov't Partner  
Other

Owner Name: 3E COMPANY/HOME DEPOT #2667 ATTN:REGULATORY TEL: 1-760-602-8700  
Owner Address: 1905 ASTON AVENUE, SUITE 100

Owner City: CARLSBAD State: CA Zip: 92008  
FID#: 581853319

This Application must be signed and filed with the required fee no later than  
April 30, 2011. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by  
04/30/2011 please advise this office at once.

This renewal application must be signed by the holder of the license.

Check One: Owner  Occupant  Holder

*Jan King* Agent for The Home Depot USA, Inc.  
Signature of Applicant

1905 Aston Ave Ste#100 C/o HD 2667

Address

Carlsbad CA 92008  
City State Zip

\*\* Office Use Only \*\*

Mailed   
Taken

Received: 4-26-11 CK 000226

\$500.00  
City Clerk

April 12, 2011

City of Somerville Clerk's Office  
City Hall  
93 Highland Avenue  
Somerville, MA 02143

ATTENTION: Jo-Ann DePrizio

**SUBJECT: Renewal of Storage of Flammables License**  
**The Home Depot #2667**  
**75 Mystic Avenue**  
**Somerville, MA 02143 (site)**

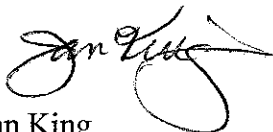
Home Depot U.S.A., Inc. authorizes 3E Company to act on its behalf in regard to regulatory reporting. The authorization includes applying for and maintaining regulatory permits. Enclosed are the following documents: Renewal application for storage of flammable license, REAP Attestation, Workman's Compensation Insurance Affidavit, a copy of the insurance, signed Certificate of Good Standing, and check for the fees. As per your instructions, I am including the Certificate of Good Standing that needs to be signed off by the Treasurer's Dept. Thank you for taking care of that process on my behalf.

**3E Company/Regulatory Department**  
**c/o Home Depot #2667**  
**1905 Aston Avenue, Suite 100**  
**Carlsbad, CA 92008**

I would like to request the permit to be sent to billing/ mailing address as well. Should you have any questions or concerns, please do not hesitate to contact me directly at (760) 602-8840.

Sincerely,

3E COMPANY

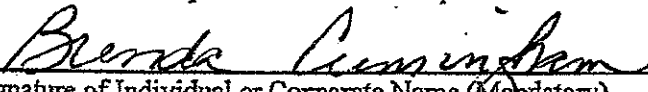


Jan King  
Regulatory Compliance Coordinator

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

  
\_\_\_\_\_  
\* Signature of Individual or Corporate Name (Mandatory)

Brenda Cunningham

By: Corporate Officer (Mandatory, if a corporation)

58-185-3319

\_\_\_\_\_  
\*\* Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

- 1. Exact name of taxpayer/applicant's business: THE HOME DEPOT #2667
- 2. Address of taxpayer/applicant's business in Somerville: 75 Mystic Avenue, Somerville, MA 02145  
THE Home Depot USA, Inc. Corporate Address:
- 3. Address of taxpayer/applicant's home in Somerville: 2455 Paces Ferry Road, Atlanta, GA 30339  
(770) 433-8211 Corporate office
- 4. Taxpayer/applicant's phone: day: (617) 623-0001 Store #2667 evening: (617) 623-0001 Store #2667

I, 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 7<sup>th</sup> day of April, 2011. 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: \_\_\_\_\_

# 19599047     
 # 661024001 # 30000116     
 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: Q

ORIGINAL STAMP:

**received**  
4-26-11



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street, 7<sup>th</sup> Floor  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Application Information Please PRINT legibly

name: The Home Depot #2667  
 address: 75 Mystic Avenue  
 city: Somerville state: MA zip: 02145 phone #: 617-623-0001

work site location (full address):  
 I am a sole proprietor and have no one working in any capacity. Business Type:  Retail  Restaurant/Bar/Eating Establishment.  
 Office  Sales (including Real Estate, Autos etc.)  
 I am an employer with 207 employees (full & part time).  Other  
 I am an employer providing workers' compensation for my employees working on this job.

company name: Please see attached certificate for further info.  
 address:  
 city: phone #:  
 insurance co. Marsh USA, Inc policy # GLO4887714-01

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name:  
 address:  
 city: phone #:  
 insurance co. policy #  
 company name:  
 address:  
 city: phone #:  
 insurance co. policy #

Attach additional sheet if necessary.  
 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 year's 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 Agent for The Home Depot USA, Inc. Date 4/12/11  
 Print name Jan King, Agent for The Home Depot USA, Inc. Phone # 760-602-8700

official use only do not write in this area to be completed by city or town official  
 city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_  Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other  
 check if immediate response is required  
 contact person: \_\_\_\_\_ phone #: \_\_\_\_\_  
 (revised Sept. 2003)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/16/2011

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> 1-404-995-3000 Marsh USA, Inc. homedepot.certrequest@marsh.com Two Alliance Center, 3560 Lenox Road, Suite 2400 Atlanta, GA 30326 Fax (212) 948-0902		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext):      FAX (A/C, No): E-MAIL: ADDRESS:															
<b>INSURED</b> The Home Depot, Inc. Home Depot U.S.A., Inc. 2455 Paces Ferry Road NW Building C-20 Atlanta, GA 30339		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Steadfast Ins Co</td> <td>26387</td> </tr> <tr> <td>INSURER B: Zurich American Ins Co</td> <td>16535</td> </tr> <tr> <td>INSURER C: New Hampshire Ins Co</td> <td>23841</td> </tr> <tr> <td>INSURER D: Illinois Natl Ins Co</td> <td>23817</td> </tr> <tr> <td>INSURER E: NATIONAL UNION FIRE INS CO OF PITTS</td> <td>19445</td> </tr> <tr> <td>INSURER F: Illinois Union Ins Co</td> <td>27960</td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Steadfast Ins Co	26387	INSURER B: Zurich American Ins Co	16535	INSURER C: New Hampshire Ins Co	23841	INSURER D: Illinois Natl Ins Co	23817	INSURER E: NATIONAL UNION FIRE INS CO OF PITTS	19445	INSURER F: Illinois Union Ins Co	27960
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**COVERAGES**      **CERTIFICATE NUMBER:** 20158743      **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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> LIMITS OF POLICY XS <input checked="" type="checkbox"/> OF SIR: \$1M PER OCC GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GLO4887714-01	03/01/11	03/01/12	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 <input checked="" type="checkbox"/> SIR AUTO PRY			BAP 2938863-08	03/01/11	03/01/12	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below			WC061967352 (AOS)	03/01/11	03/01/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
D	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N		N/A	WC061967354 (FL)	03/01/11	03/01/12	E.L. EACH ACCIDENT	\$ 1,000,000
E				WC061967353 (CA)	03/01/11	03/01/12	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
C	Workers Compensation			WC061967355 (KY,MO,NY,WI,WV)	03/01/11	03/01/12		
F	TX Employers XS Indemnity			TNSC46244151 (TX)	03/01/11	03/01/12	Occurrence/SIR	30M/1M
E	Workers Compensation			WC1192378 (QSI)	03/01/11	03/01/12	SIR	1M

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  1905 Aston Avenue  Carlsbad, CA 92008  USA	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 
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