



**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: THE HOME DEPOT #2667 Business Location: 75 MYSTIC AVE Business Phone: 617-623-0001	
License Holder: THE HOME DEPOT #2667 75 MYSTIC AVE SOMERVILLE, MA 02143 617-623-0001	
Mailing Address: 3E COMPANY/THE HOME DEPOT USA HOME DEPOT #2667 3207 GREY HAWK COURT REGULATORY DEPT., SUITE 200 CARLSBAD, CA 92010	
Business Type: CORPORATION (INC. LLC) TREASURER - DWAIN KIMMET PRESIDENT - FRANK BLAKE SECRETARY - JACK VANWOERKOM	
FID: 581853319	
Food Manager/Emergency Contact: JENNIFER MAGNER 781-913-5478	<i>Dave Corsetto - store Mgr. 617-283-5565</i>

2014 APR 14 P 12:58
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

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-Sat 5am-10pm*
Sun 9am-8pm

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 4/10/14
Print Name: Jan King Phone 760-602-8700



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

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 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 4th day of April, 2014. 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: _____

10813 # 666 024001 # 908 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: 

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 230 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: Marsh USA, Inc.

Address: Two Alliance Center 3560 Lenox Road, Suite 2400

City: Atlanta

State: GA

Zip: 30326

Phone #:

Policy #: WC049101882

Expiration Date: 3/1/2015

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 Agent for The Home Depot USA, Inc.

Date: 4/10/14

Print Name: Jan King-Agent for The Home Depot USA., Inc.

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 #: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/19/2014

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. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326	CONTACT NAME: _____														
	PHONE (A/C, No. Ext): _____ FAX (A/C, No.): _____ E-MAIL ADDRESS: _____														
100492-HomeD-GAW-14-15	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Steadfast Insurance Company</td> <td>26387</td> </tr> <tr> <td>INSURER B : Zurich American Insurance Co</td> <td>16535</td> </tr> <tr> <td>INSURER C : New Hampshire Ins Co</td> <td>23841</td> </tr> <tr> <td>INSURER D : Illinois National Insurance Company</td> <td>23817</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Steadfast Insurance Company	26387	INSURER B : Zurich American Insurance Co	16535	INSURER C : New Hampshire Ins Co	23841	INSURER D : Illinois National Insurance Company	23817	INSURER E :		INSURER F :	
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COVERAGES **CERTIFICATE NUMBER:** ATL-003149860-09 **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	GENERAL LIABILITY <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"/> PRO-JECT <input type="checkbox"/> LOC			GLO4887714-04 LIMITS OF POLICY XS OF SIR: \$1M PER OCC	03/01/2014	03/01/2015	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	AUTOMOBILE LIABILITY <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 2938863-11 SELF INSURED AUTO PHY DMG	03/01/2014	03/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC049101882 (AOS) WC049101884 (AK, AZ, VA) WC049101883 (FL)	03/01/2014 03/01/2014 03/01/2014	03/01/2015 03/01/2015 03/01/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	WORKERS COMPENSATION			WC049101885 (KY, NC, NH, VT) WC049101886 (NJ)	03/01/2014 03/01/2014	03/01/2015 03/01/2015	(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 <i>Manashi Mukherjee</i>
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