CITY OF SOMERVILLE

Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2016 MAY 11 A 11:50
CLERK'S OFFICE
SOMERVILLE, MA

Application to Renew Flammables License

CAMBRIDGE PUBLIC HEALTH COMMISSION
230 HIGHLAND AVENUE
SOMERVILLE MA 02143

License #: BL15-001037
File #: 15-695
Fee: 605

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: CAMBRIDGE HEALTH ALLIANCE **Business Location:** 230 HIGHLAND AVE **Business Phone:** 617-591-4337	
License Holder: CAMBRIDGE PUBLIC HEALTH COMMISSION 230 HIGHLAND AVENUE SOMERVILLE MA 02143	
Mailing Address: CAMBRIDGE PUBLIC HEALTH COMMISSION 230 HIGHLAND AVENUE SOMERVILLE MA 02143	
Business Type: Corporation Not Yet Provided Not Yet Provided Not Yet Provided	
FID: 043320571	
Emergency Contact: PUBLIC SAFETY **Phone:** 617-665-1822	
# of Gallons of Flammables to be Stored: 15000 **Describe Flammables to be Stored:** Not yet provided. **Proposed Hours of Operation:** Not yet provided.	

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: Andrew M Fuqua Date: 3/21/16

Printed Name: ANDREW M FUQUA Phone: 617-665-1789

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Cambridge Public Health Commission

Address of taxpayer/applicant's business in Somerville: 230 Highland Avenue

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617-665-1799 evening: _____

I, (~~print name~~) Andrew MFuqua, as SVP and General Counsel of Cambridge Public Health Commission, 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 21st day of March, 2016. _____
(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: ___

N/A # 66107O021 # _____ # _____

NOTES:

RECEIVED

CLERK'S INITIALS: _____ **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: Cambridge Public Health Commission

Address: ~~330~~ 1493 Cambridge Street

City: Cambridge State: MA Zip: 02139 Phone #: 617-665-1755

☒ I am an employer with 3000 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: Sentry Insurance

Address:

City: Stevens Point State: WI Zip: 54481 Phone #: 715-346-6000

Policy #: 90-15402-04 Expiration Date: 6/30/16

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: Andrew M Fuqua Date: 3/21/16

Print Name: ANDREW M FUQUA, as SVP & General Counsel

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)