

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-2012-160
~~1905 ASTON AVENUE, SUITE 100 3207 RAY HAWK CT~~ B.O.A.#:
CARLSBAD CA 92008 4444 STE 200 Fee: \$550.00
92010

Restricted to: 34,136 Gallons Total

Restricted as follows;

27,698 GALS. COMBUSTIBLES

6,438 FLAMMABLES

34,136 GALS. TOTAL

2012 APR 19 P 4:11
CITY CLERK'S OFFICE
SOMERVILLE, MA

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: Gov't Partner
Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Ship ___ Other

Owner Name: 3E COMPANY/HOME DEPOT #2667 ATTN:REGULATORY TEL: 1-760-602-8700
Owner Address: 1905 ASTON AVENUE, SUITE 100 3207 RAY HAWK CT. STE 200

Owner City: CARLSBAD State: CA Zip: 92008-92010
FID#: 581853319

This Application must be signed and filed with the required fee no later than April 30, 2012. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by 04/30/2012 please advise this office at once.

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

Check One: Owner ___ Occupant ___ Holder X

Signature of Applicant

3207 RAY HAWK CT. STE 200

Address

CARLSBAD CA 92010
City State Zip

** Office Use Only **

Mailed

Taken

Received: 4-20-12 550

CK 005899
City Clerk

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: The Home Depot #2667
Somerville Address and Zip Code: 75 MYSTIC AVENUE, SOMERVILLE MA 02143
Phone Number of the Business: (617) 623-0001

The Legal Name of the License Holder: 3E Company /Regulatory Dept./ The Home Depot USA, Inc.
Street Address of the License Holder: 3207 Grey Hawk Court, Suite 200
City, State and Zip Code of the License Holder: Carlsbad, CA 92010
Phone Number of the License Holder: (760) 602-8700/ (800) 451-8346 (24hr)
Email Address of the License Holder: regulatory@3ecompany.com

Where We Should Send Mail: Name: 3E Company /Regulatory Dept./ The Home Depot USA, Inc.
Street Address: 3207 Grey Hawk Court, Suite 200
City, State and Zip Code: Carlsbad CA 92010
Email: regulatory@3ecompany.com
Phone Number: (760) 602-8700/ (800) 451-8346 (24hr)

Federal ID # (Do Not Give a Social Security #): 58-185-3319

Emergency Contact and Phone (For Fire Dept. Use): (617) 212-9049 - Steven Haynes, Ops. Mgr

Type of Business (Check Only One and Give the Names Indicated):

☐ Sole Proprietor: Name of Owner: _____

☐ Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

☐ Trust: Names of All Trustees Who Own More Than 10%: _____

☒ Corporation (inc. LLC): Name of President: Frank Blake, Chairman of the Board, President, CEO
Name of Secretary: Jack VanWoerkom, EVP, General Counsel & Corporate Secretary
Name of Treasurer: Dwaine Kimmert, VP Treasury
Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: At J. Gulsinay H. Date 04/12/2012
Gulsinay Harris, Agent for The Home Depot USA, Inc.

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.

Brenda Cunningham
* 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: (800) 451-8346 (3E Company/24hr)

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 12 day of

April, 2012. Brenda Cunningham
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>10636</u>	# <u>2102400</u>	# <u>947</u>	# _____

NOTES:

CLERK'S INITIALS: LB ORIGINAL STAMP: _____

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143
(617) 625-6600 EXT. 3500 • TTY: (617) 666-0001 • FAX: (617) 666-9682



RECEIVED
Barans
4-19-12



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: The Home Depot #2667

Address: 75 Mystic Avenue

City/State/Zip: Somerville, MA 02145

Phone #: 617-623-0001

Are you an employer? Check the appropriate box:

1. ☒ I am a employer with 214 employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity.
[No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☒ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Please see attached certificate for further info.

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: *Gulsinay Harris* Gulsinay Harris, Agent for The Home Depot USA, Inc. Date: 04/12/2012

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 # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____