

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:

~~SOMERVILLE HOSPITAL~~

230 HIGHLAND AVE, ATTN: M. LETZEISEN/PLANT OPE.
SOMERVILLE MA 02143 4444

Lic#: F-2012-220
B.O.A.#: 168379
Fee: \$550.00

Restricted to: 15,000 Gallons Total

Restricted as follows;

Gallons of #2 fuel oil. Subject to Fire Dept. and ISD Inspection and 30
days plan being furnished to the city

Is the holder of the license originally granted 02/15/2001
for the lawful use of the building (s) or other structure (s) situated or
to be situated at 00230 HIGHLAND 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.

CAMBRIDGE PUBLIC

Company Name: ~~SOMERVILLE HOSPITAL~~ **HEALTH COMMISSION** TEL: 617-591-4330
Company Address: 00230 HIGHLAND AV

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: SOMERVILLE HOSPITAL TEL:
Owner Address: 230 HIGHLAND AVE, ATTN: M. LETZEISEN/PLANT OPE.

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 042103852

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] as CEO
Signature of Applicant

230 Highland Avenue
Address

Somerville, MA 02143
City State Zip

** Office Use Only **

Mailed
Taken

Received: 8-20-2012 CK 000191

\$550.00
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:	<u>Cambridge Health Alliance</u>
Somerville Address and Zip Code:	<u>230 Highland Avenue</u>
Phone Number of the Business:	<u>617-591-4337</u>

The Legal Name of the License Holder:	<u>Cambridge Public Health Commission</u>
Street Address of the License Holder:	<u>1493 Cambridge Street</u>
City, State and Zip Code of the License Holder:	<u>Cambridge, MA 02139</u>
Phone Number of the License Holder:	<u>617-591-4337</u>
Email Address of the License Holder:	<u>mletzeisen@challiance.org</u>

Where We Should Send Mail: Name:	<u>Mark Letzeisen</u>
Street Address:	<u>230 Highland Avenue</u>
City, State and Zip Code:	<u>Somerville, MA 02143</u>
Email:	<u>mletzeisen@challiance.org</u>
Phone Number:	<u>617-591-4337</u>

Federal ID # (Do Not Give a Social Security #):	<u>04-3320571</u>
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Emergency Contact and Phone (For Fire Dept. Use):	<u>Public Safety Dept: 617-665-1822</u>
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Type of Business (Check Only One and Give the Names Indicated):
<input type="checkbox"/> Sole Proprietor: Name of Owner: _____
<input type="checkbox"/> Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
<input type="checkbox"/> Trust: Names of All Trustees Who Own More Than 10%: _____
<input type="checkbox"/> Corporation (inc. LLC): Name of President: _____
Name of Secretary: _____
Name of Treasurer: _____
<input checked="" type="checkbox"/> 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: _____

Date

7/11/12


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.

CAMBRIDGE PUBLIC HEALTH COMMISSION

* Signature of Individual or Corporate Name (Mandatory)


By: Corporate Officer (Mandatory, if a corporation)

04-3320571

** 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

Exact name of taxpayer/applicant's business: Somerville Hospital

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

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

Taxpayer/applicant's phone: day: 617-665-1000 evening: _____

I, Patrick R. Wardell, as CEO of, 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 11th day of July, 20 12. [Signature]
(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: _____

973950 # 661070001 # _____ # _____

NOTES: 661070001

CLERK'S INITIALS: UB ORIGINAL STAMP: _____



RECEIVED

UBanay
8-20-12



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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: Cambridge Public Health Commission (d/b/a Cambridge Health Alliance)

address: 1493 Cambridge Street

city: Cambridge state: MA zip: 02139 phone #: (617) 665-1000

work site location (full address): 230 Highland Avenue, Somerville, MA 02143

☐ 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 3494 employees (full & part time). ☒ Other Public Instrumentality

☒ I am an employer providing workers' compensation for my employees working on this job.

company name: Cambridge Public Health Commission

address: 1493 Cambridge Street

city: Cambridge, MA 02139 phone #: 617-665-1000

insurance co. Sentry Casualty Company policy #: 90-15402-04

☐ 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

Date

7/11/12

Print name

Patrick R. Wardell, as CEO

Phone #

617-665-1000

official use only do not write in this area to be completed by city or town official

city or town:

permit/license #

☐ check if immediate response is required

contact person:

phone #:

- ☐ Building Department
☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other

(revised Sept. 2003)