





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), 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 3 day of April, 2015. [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: \_\_\_\_\_

# 10896      # 661024004      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB      ORIGINAL STAMP:

RECEIVED  
C. Barrows  
4-21-15

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

Workers' Compensation Insurance Affidavit - General Businesses

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 247 employees Business Type:  Retail  
(full and/or part time).  Restaurant/Bar/Eating Establishment  
 I am a sole proprietor or partnership and have no  Office and/or Sales (real estate, auto, etc.)  
employees.  Nonprofit  
 We are a corporation that has exercised our right of  Entertainment  
exemption per c152 s1(4), and have no employees.  Manufacturing  
 We are a nonprofit organization staffed by  Health Care  
volunteers and have no employees.  Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: Marsh USA, Inc.

Address: Two Alliance Center 3560 Lenox Rd. Suite 2400

City: Atlanta State: GA Zip: 30326 Phone #:

Policy #: WC017731493 Expiration Date: 3/1/16

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: Jan King Agent for The Home Depot USA, Inc. Date: 4/13/15

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 #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Board of Health  
 Building Department  
 City/Town Clerk  
 Licensing Board  
 Selectmen's Office  
 Other



