



CITY OF SOMERVILLE, MASSACHUSETTS
CITY CLERK'S OFFICE

JOSEPH A. CURTATONE
MAYOR

JOHN J. LONG
City Clerk

November 29, 2012

To Whom It May Concern:

Agassiz Preschool has requested an Open Air Vendor license, to sell Christmas trees and wreaths only, at 184 Summer Street.

The appropriate documents are at City Hall awaiting approval by the Board of Aldermen at a future date. The Signatures below will indicate interim approval by the Board of Aldermen.

Sincerely,

John J. Long
City Clerk

Approved by President:

President Thomas F. Taylor

Approved by Committee on Licenses and Permits:

Chairman Dennis M. Sullivan

Approved by Ward Alderman:

Alderman Thomas F. Taylor





**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW OPEN AIR VENDOR LICENSE

AGASSIZ PRESCHOOL
184 SUMMER ST
SOMERVILLE, MA 02143

License #: **984**

Fee: **150.00**

Account ID: **778**

Reference #: **984**

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: For AGASSIZ PRESCHOOL Business Location: 184 SUMMER ST Business Phone: 617-627-9355	
License Holder: AGASSIZ PRESCHOOL 184 SUMMER ST SOMERVILLE, MA 02143 617-627-9355	
Mailing Address: AGASSIZ PRESCHOOL SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC, LLC) TREASURER - JONATHAN JOFFE <i>Peter Kochansky</i> SECRETARY - MELISSA HABER <i>Heather Thompson-Brenner</i>	
FID: 042493531	
Food Manager/Emergency Contact: TRACEY KAPLAN	

2012 NOV 29 A 8:52
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 8AM - 9PM**

Description of Location and/or Other Conditions:

Selling Xmas Trees and Wreaths.

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: *Tracey Kaplan*

Date: *11/26/12*

Print Name: *Tracey Kaplan*

Phone: *(617) 627-9355*

IMPORTANT

It's time to renew your license issued by the Somerville Board of Aldermen. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information, and return all 4 pages with your fee. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business: Agassiz Preschool, Inc.
Somerville Address and Zip Code: 184 Summer St. Somerville 02143
Phone Number of the Business: (617) 627-9355

The Legal Name of the License Holder: Agassiz Preschool, Inc.
Street Address of the License Holder: 184 Summer St
City, State and Zip Code of the License Holder: Somerville MA 02143
Phone Number of the License Holder: (617) 627-9355
Email Address of the License Holder: agassizpreschool@verizon.net

Where We Should Send Mail: Name: Agassiz Preschool, Inc.
Street Address: 184 Summer St
City, State and Zip Code: Somerville MA 02143

Federal ID # (Do Not Give a Social Security #): 042-493-531

Emergency Contact and his/her Phone Number: Tracey Kaplan (617) 417-0614

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

☐ Sole Proprietor: Name of Owner: _____
☒ Partnership (inc. LLP): Name of Partnership: Agassiz Preschool
Names of All Partners Who Own More Than 10%: _____

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

☒ Corporation: Name of Corporation: Agassiz Preschool, Inc.
Name of President: Sasha Chanoff
Name of Secretary: Heather Thompson Name of Treasurer: Peter Kocmansky
☐ LLC: Name of LLC: _____
Names of All Managers: _____

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 Licensing Commission.

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

License Holder Signature: JKaplan

Date 11/25/12



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Agassiz Reschool, Inc

Address of taxpayer/applicant's business in Somerville: 184 Summer St

Address of taxpayer/applicant's home in Somerville: 52 1/2 Florence St.

Taxpayer/applicant's phone: day: (617) 627-9355 evening: (617) 417-0614

I, (print name) Tracey Kaplan, 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 25th day of November, 2012. TKaplan
(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: _____

14182 # 231069001 # _____

NOTES:

CLERK'S INITIALS: LB

ORIGINAL STAMP:

 **RECEIVED**
Barrow
11-29-12

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: Agassiz Reschool, Inc.
Address: 184 Summer St
City: Somerville State: MA Zip: 02143 Phone #: (617) 627-9355

- | | | |
|---|-----------------------|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: | <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input checked="" type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. <u>For the tree sale</u> | | <input checked="" type="checkbox"/> Nonprofit |
| | | <input type="checkbox"/> Entertainment |
| | | <input type="checkbox"/> Manufacturing |
| | | <input type="checkbox"/> Health Care |
| | | <input type="checkbox"/> Other _____ |

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

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: Tracy Kaplan Date: 11/25/12
Print Name: Tracy Kaplan

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____