

APPLICATION FOR EXTENDED OPERATING HOURS

Application Fee \$500.00

Date 2/11/11

CITY CLERK'S OFFICE SOMERVILLE, MA FOR CITY CLERK'S OFFICE ONLY Date Recorded 3/24/11 -ms Amount Paid \$500.00 ck# 1331

- X New Application
Renewing Application with Additions or Changes
Renewing Application with NO Additions or Changes

Business Name: JT Fitness Phone: (617) 625-9566

Business DBA Name (if applicable): Gold's Gym

Address with Zip Code: 14 McGrath Hwy, Somerville, MA 02143

Tax Identification Number: 043255815 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): same as above

Address with Zip Code:

Property Owner Name: Regency Centers Phone: (610) 747-1217

Address with Zip Code: 150 Monument Rd #406, Philadelphia, PA 19182 Attn: Bill. madway

Emergency Contact 1: Jonas Thompson Phone: 781-366-4114

Emergency Contact 2: Rolanda Andrade Phone: 774-265-5309

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust X Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name: Alan May (Jonas Thompson co-owner)

Address with Zip Code: 170 Gore St #507, Cambridge, MA 02141

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Alan May and Jonas Thompson

Address with Zip Code: 170 Gore St #, Cambridge, MA 02141

Partner's/Member's/Secretary's Name:

Address with Zip Code:

Partner's/Member's/Treasurer's Name: ALAN MAY

Address with Zip Code: Same as above

CITY CLERK'S OFFICE SOMERVILLE, MA 2011 MAR 24 P 3:30

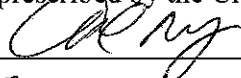
Extended hours requested (include hours of operation and days of week) 24 hour operation,  
proposed hours: Monday (open at 5AM) to Friday (close at 10pm)  
Saturday / Sunday 7AM - 7pm

Type of business Gym

Length of time at this location 16 plus years

**ACKNOWLEDGEMENT**

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant:  Date: 2/11/11

Print Name: Alan May Phone: (017) 625-9566

**POLICE DEPT. (for new applicants or applicants further extending their hours):**

The Chief of Police recommends that the application be

Approved

Denied

Signature: 

Name and Title: Thomas Pasquale  
Chief of Police  
2/18/2011 -



February 11, 2011

Dear City Official:

Attached is a request to extend the operating hours for Gold's Gym Somerville. Although this is classified as a "new application", the gym was granted a license, which has since expired, for 24 hour operation several years ago.

For over 16 years the gym has been owned and/or managed by Jonas Thompson as well as a new co-owner named Alan May. We have an exceptional history of serving members from the Somerville community.

We look forward to continually offering the greater Somerville community the facility and services so that they can achieve their fitness goals.

Regards,

A handwritten signature in black ink, appearing to be "Alan May and Jonas Thompson". The signature is fluid and cursive, with a long horizontal line extending to the right.

Alan May and Jonas Thompson

President

**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.

JT Fitness dba Gold's Gym

\*Signature of Individual or Corporate Name (Mandatory)

*Carl May*

By: Corporate Officer (Mandatory, if a corporation)

043255815

\*\*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: JT Fitness aka Gold's Gym

Address of taxpayer/applicant's business in Somerville: 043255815

corp. address 21 McGrath Hwy  
Address of taxpayer/applicant's home in Somerville: mailing address 14 McGrath Hwy, Somerville, MA 02143

Taxpayer/applicant's phone: day: (617) 625-9566 evening: same

I, (print name) Alan May, 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 26 day of January, 2011. [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: \_\_\_\_  
# 01005190      # 145047011      # 30055810      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: URB      ORIGINAL STAMP:

RECEIVED  
[Signature]  
3-24-11

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: JT Fitness dba Gold's Gym  
Address: 14 McGrath Hwy  
City: Somerville State: MA Zip: 02143 Phone #: (617)625-9560

- I am an employer with 5 employees (full and/or part time). Business Type:  Retail  
 I am a sole proprietor or partnership and have no employees.  Restaurant/Bar/Eating Establishment  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  Office and/or Sales (real estate, auto, etc.)  
 We are a nonprofit organization staffed by volunteers and have no employees.  Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other Gym

Workers' compensation insurance information (if applicable):

Insurance Company Name: The Hartford  
Address: P.O. Box 2907  
City: Hartford State: CT Zip: 06104 Phone #: 800  
Policy #: 08WECG05046 Expiration Date: 11/21/11

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: Alan May Date: 2/11/11  
Print Name: ALAN MAY

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 \_\_\_\_\_