

APPLICATION FOR EXTENDED OPERATING HOURS

Application Fee \$550.00Date 11-2-12

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

☒ New Application☐ Renewing Application with Additions or Changes☐ Renewing Application with NO Additions or ChangesBusiness (DBA) Name: Kmart #3486 Phone: 617-628-9500Business Location (with Zip Code): 77 MIDDLESEX AVE 02145Applicant's Legal Name: Kmart CorporationApplicant's Address (with Zip Code): 3333 BEVERLY RD B2-113A, HOFFMAN ESTATES IL 60179Applicant's Email Address: jeanette.pollock@searshc.comApplicant's Federal Employer Identification Number: 38-0729500Mailing Name (where we should send correspondence to): Kmart #3486Mailing Address (with Zip Code): 3333 BEVERLY RD, B2-113A, HOFFMAN ESTATES IL 60179Emergency Contact: LESLIE CLARK, MGR. Phone: 617-628-9500Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust☒ Corporation (inc. LLC) ☐ Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

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

Partner's/Member's/President's Name: LIST ATTACHED

Address with Zip Code: _____

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

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

* Extended hours requested (include hours of operation and days of week) _____

Friday, Nov 23, 2012 At 1⁰⁰ AM

Type of business RETAIL MERCHANT

Length of time at this location 1980 32 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: Jeanette Billock Date: 11-2-12

Print Name: JEANETTE Billock Phone: 847-286-1140

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

The Chief of Police recommends that the application be

X Approved

 Denied

Signature: [Signature] Name and Title: Chief

OFFICERS AND DIRECTORS OF KWART CORPORATION
 DEPT768TAX B2-113A
 3333 BEVERLY RD, HOFFMAN ESTATES IL 60179
 847-286-1140

NAME	TITLE	ADDRESS	D.O.B	P.O.B	SSN	CITIZEN	FELONY
LOUIS J D'AMBROSIO	PRESIDENT AND CHIEF EXECUTIVE OFFICER	100 OVERLOOK LN, SAINT DAVIDS PA 19087	08-01-64	PHILADELPHIA, PA	190-56-5408	USA	NONE
WILLIAM K PHELAN	SENIOR VICE PRESIDENT, FINANCE	1490 TEAL COURT, HOFFMAN ESTATES IL 60192	12-06-62	CHICAGO, IL	386-42-4339	USA	NONE
SCOTT E HUCKINS	VICE PRESIDENT AND TREASURER	3936 E SAHUARO BLVD, PHOENIX, AZ 85028	08-22-68	BURLINGAME, CA	325-06-1914	USA	NONE
LAWRENCE J MEERSCHAERT	VP TAX, SECRETARY AND ASSISTANT TREASURER	4950 PICKFORD DRIVE, TROY MI 48068	02-28-80	DETROIT, MI	365-78-7950	USA	NONE

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.

Kmart Corporation

*Signature of Individual or Corporate Name (Mandatory)

Janette Shellock

DESIGNATION ATTACHED

By: Corporate Officer (Mandatory, if a corporation)

38-0729700

**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: Kmart Corporation

Address of taxpayer/applicant's business in Somerville: 77 MIDDLESEX AVE 02145

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 847-286-1140 evening: 847-286-1140

I, (print name) JEANETTE Pollock, 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 2nd day of

November, 20 12. Jeanette Pollock
(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: _____

_____ # _____ # _____ # _____

NOTES:

CLERK'S INITIALS: _____ ORIGINAL STAMP: _____

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: Kmart Corporation
Address: 77 MIDDLESEX AVE
City: SOMERVILLE State: MA Zip: 02145 Phone #: 617-628-9500
☒ I am an employer with 160 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: ACE AMERICAN INSURANCE
Address: COPY ATTACHED
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: SCFC47123045 Expiration Date: 8/1/2013

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.

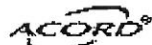
Signature: Jeanette Pollock Date: 11-2-12
Print Name: JEANETTE Pollock

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



CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)
08/01/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA		CONTACT NAME: PHONE (A/C, No, Ext): (866) 283-7122 FAX (A/C, No.): (847) 953-5390 E-MAIL: ADDRESS:															
INSURED Sears Holdings Corporation dba Kmart Corporation Attn: Risk Management E3-219A 3333 Beverly Road Hoffman Estates IL 60179 USA		INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: ACE American Insurance Company</td> <td>22667</td> </tr> <tr> <td>INSURER B: Indemnity Insurance Co of North America</td> <td>43575</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER	NAIC #	INSURER A: ACE American Insurance Company	22667	INSURER B: Indemnity Insurance Co of North America	43575	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:																	
INSURER E:																	
INSURER F:																	

COVERAGES **CERTIFICATE NUMBER: 570047192747** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSURER	TYPE OF INSURANCE	ADDITIONAL	POLICY NUMBER	POLICY PERIOD (MM/DD/YYYY)	POLICY PERIOD (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		MOG27011871	08/01/2012	08/01/2013	EACH OCCURRENCE \$5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$5,000,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$5,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COM/PROP AGG \$5,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		ISAH08710120 ISAH08710132	08/01/2012 08/01/2012	08/01/2013 08/01/2013	COMBINED SINGLE LIMIT (Ex aggregate) \$5,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIA <input type="checkbox"/> OCCUR EXCESS LIA <input type="checkbox"/> CLAIMS-MADE DEO <input type="checkbox"/> RETENTION					EACH OCCURRENCE AGGREGATE
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	SCPC47123045 WLRC47123033 WLRC47123021	08/01/2012 08/01/2012 08/01/2012	08/01/2013 08/01/2013 08/01/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$1 EACH ACCIDENT \$2,000,000 \$1 DISEASE-EA EMPLOYEE \$2,000,000 E.L. DISEASE-POLICY LIMIT \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of Insurance

CERTIFICATE HOLDER

CANCELLATION

Sears Holdings Corporation
 dba Kmart Corporation
 3333 Beverly Road
 Hoffman Estates IL 60179 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

AUTHORIZED REPRESENTATIVE

Aon Risk Services Central, Inc.

Holder Identifier :

Certificate No : 570047192747

Appointment and Delegation of Authority

Pursuant to the authority vested in me by a resolution of the Board of Directors of Sears Holdings Corporation, I, Lawrence J. Meerschaert, Vice President – Tax of Sears Holdings Corporation, hereby delegate:

Laura A. Bellovich	Senior Tax Analyst
Marjory A. Bonilla	Senior Tax Analyst
Charles D. Brooks	Senior Tax Analyst
Janeica B. Casimiro	Senior Tax Analyst
Louis P. Cribaro	Senior Tax Analyst
Juan J. Cruz	Tax Analyst
Eric J. Fellner	Manager, Sales Tax Reporting
Maria C. Larsen	Tax Analyst
Maria Mahad	Tax Analyst
Svitlana L. Malysa	Sr. Tax Analyst
Crystal A. Meinhardt	Tax Analyst
Jennine M. Mroczenski	Tax Analyst
Margaret E. Mullen	Director, Property Tax
Jennifer K. Noble	Tax Analyst
Caterina V. Palladino	Senior Tax Analyst
Janet C. Pincombe	Tax Analyst
Jeanette M. Pollock	Manager, Licenses
Lisa Marie Prochaska	Tax Analyst
Scott R. Ruswick	Manager, Property Tax
Robert S. Ryan	Sr. Tax Analyst
H. Larry Schramm	Manager, Property Tax
Lajja H. Shab	Tax Analyst
Clarke Langston Stewart	Tax Analyst
Kevin Tang	Manager, Sales Tax
Robert G. Taylor	Manager, Sales Tax
Debra J. Woodall	Senior Tax Analyst

to sign, execute and deliver on behalf of and in the name of Sears Holdings Corporation and its wholly-owned subsidiaries, with respect to every state of the United States, and any jurisdiction therein and the District of Columbia, any of the following instruments:

1. Applications for licenses and permits necessary to the conduct of the business of the company and bonds securing performance by the company under such licenses and permits and agreements of indemnity in place of insurance;
2. reports and tax returns and statements of valuation for tax purposes, to state and local authorities; and
3. pleadings, bonds, petitions, affidavits and other documents and instruments pertaining to the conduct of litigation or to administrative proceedings involving taxes and licenses.

The authority designated pursuant to this resolution shall remain in full force and effect notwithstanding the fact that the individuals who granted such authority ceases to hold the position he or she held at the time such authority was granted, whether due to promotion, transfer, resignation, retirement, death or otherwise; provided however, that such individual, his or her successor or any other individual having plenary authority under this resolution, as noted above, may modify or rescind such designated authority at any time.

IN WITNESS WHEREOF, the undersigned set his hand as Vice President – Tax of Sears Holdings Corporation this 19th day of June, 2012.


Lawrence J. Meerschaert
Vice President - Tax