

Section 5. Property Owner's Certification and Authorization:

If the property has more than one owner, each owner must sign a copy of this form

Street Address of Business Location: 620 Broadway, Somerville, MA 02145

Zoning District and Overlay District, if any: NB

Assessor's Map 27

Block L lot 2

Ward 5

Property owner's Legal Name: Gaseus Maximus, LLC

Property Owner's Mailing Address (with zip code): 620 Broadway, Somerville, MA 02145

Property Owner's Type of Business (Check Only One and Provide the Names Indicated):

☐ Sole Proprietor: Name of Owner:

☒ Partnership (inc. LLP): Name of Partnership: Gaseus Maximus, LLC

Names of All Partners Who own More Than 10%: James D. O'Donovan, Kevin A. O'Donovan, Brian P. O'Donovan and Sean T. O'Donovan

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

☐ Corporation: Name of Corporation

Name of President:

I certify that:

☒ I am the property owner or that I am duly authorized to act as an agent for the property owner, for the property located at 620 Broadway, Somerville, MA

☒ **Botanica, LLC** (legal name of Applicant) has been authorized by me to develop and use the property listed above for the purposes indicated in this application.

☒ I will permit any officials representing the City to conduct site visits on the property in connection with this Application and if approved this Applicant's business.

☒ Should the ownership of this property change before the City has acted on this Application, I will provide updated information copies of this signature page.

Owner Signature: James D. O'Donovan

Print Name: James D. O'Donovan

Title (Owner, President, Agent, Etc.) Manager

Email: N/A

Phone: 617-666-2945

Section 6. Applicant's Certification, Acknowledgment, Release and Indemnification, and Wage Theft Statement

I certify that I am the Applicant or that I am duly authorized to act as an agent for the Applicant.

I certify that all of the information on this application is true and accurate, and that any information found to be false or misleading will result in the forfeiture of this license and may result in a one-year wait before a new application can be submitted, as well as criminal prosecution.

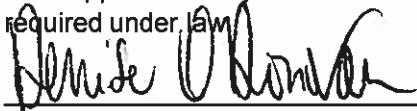
I certify that I will make no changes to any component of the business plan described in this application without written notification to, and the prior approval of the City.

I acknowledge that any violation of the City's ordinances, regulations and conditions pertaining to this license could subject me and anyone operating under this license to arrest, fine and loss of this license.

I release, discharge and hold harmless, the City of Somerville, a municipal corporation of the Commonwealth of Massachusetts, and its officers, employees, agents and servants from all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation associated with the issuance of this license.

I certify that the Applicant to my best knowledge and belief, has filed all State tax returns and paid all State taxes required under law.

Signature



Print Name: Denise O'Donovan

Title (Owner, President, Agent, Etc.): Manager

Email: Denise@botanicamass.com

Phone: (617) 591-1122
