STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0040

Family Planning

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Planned Parenthood of Southern New England, Inc. of New Haven CT d/b/a Planned Parenthood of Southern New England, Inc. is hereby licensed to maintain and operate a Family Planning Clinic.

Planned Parenthood of Southern New England is located at 111 Hazard Avenue Enfield CT 06082-4590

This license expires March 31, 2021 and may be revoked for cause at any time.

Dated at Hartford Connecticut April 1, 2017. RENEWAL



Raul Pino, MD, MPH Commissioner

reflue

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0040

Family Planning

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Dated at Hartford Connecticut April 1, 2014. INITIAL



Jewel Mullen, MD, MPH, MPA

Jawel Phullen 198

Commissioner

DEPT, OF PUBLIC HEALTH
FACILITY LICENSING & INVESTIGATIONS SECTION



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH FACILITY LICENSE & INVESTIGATIONS SECTION

LICENSURE APPLICATION

[] INITIAL [] RENEWAL [] CHANGE OF OWNERSHIP [] RELOCAT

NOTICE: The State of Connecticut values the quality of care provided to all nursing home residents. Please know that any nursing home licensee, owner or officer, including, but not limited to, a director, trustee, limited partner, managing partner, general partner or any person having at least 10 percent (10%) ownership interest in the nursing home or the entity that owns the nursing home, and any administrator, assistant administrator, medical director, director of nursing or assistant director of nursing, may be subject to civil and criminal liability, as well as administrative sanction under applicable federal and state law, for the abuse or neglect of a resident of the nursing home perpetrated by an employee of the nursing home.

NOTE: A separate application must be completed for each licensed level of care, whether or not, that level is located at the same address

/ 1.	Planned Parentho Facility "d/b/a" (doing business as)	od of a	Sout	hern	Nei	N En	glan	d
	III Hazard Ave Business Address	Enfield	State		82 Tel	860 -	1418	442
	Some as about Mailing Address (if applicable)	City	State	Zip Code		CE	WE	
√ ₂ .	660203565 Federal Employer Identification Nu	mber			M	OCT 10		

Phone: (860) 509-7444

Telephone Device for the Deaf (860) 509-719
410 Capitol Avenue - MS # 12HFL
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

	cordance with Section 19a-491 and/or Section by made for a license to operate the following		* *
[]	Assisted Living Services Agency Children's Hospital Chronic and Convalescent Nursing Home Chronic Disease Hospital Family Planning Clinic General Hospital Home Health Care Agency Homemaker-Home Health Aide Agency Hospice/19a-495-5a & 19-13-D1(C) Hospital for Mentally III Persons	Infirmary Operated by an Educational In Maternity Home Maternity Hospital Outpatient Clinic/Primary Care/Dental Outpatient Dialysis Unit Outpatient Surgical Facility Residential Care Home Rest Home with Nursing Supervision In-Patient Hospice Unit Well Child Clinic	
٥.	list the bed capacity for each level of care b		or care, piease
	Level of Care Hemodialys	Stations Bassinets (if applicable)	
/	Control of the contro		
4.	Disclose the legal entity which owns/ope entity.)	ates the facility. (Note: The license will be	issued to this
	Planned Parenthoo	d of Southern New	England
	345 Whithey Ave Business Address City	Jew Haven CT 06511 State Zip Code Telephone	203865
	Mailing Address (if applicable)		_
★ .	Is the above named legal entity a (please cl	eck the box which applies):	
	 [] Individual/Sole proprietor [] General Partnership [] Limited Partnership [] Limited Liability Company [] Other: [] Non-profit Corporation 	[] Municipality [] Trust [] Profit Corporation UCI	1 0 2017
√ 6.		Office of the Secretary of State to transact by	2 INVESTIGATIONS SECT

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH FACILITY LICENSING & INVESTIGATIONS SECTION

LICENSURE APPLICATION - ADDITIONAL INFORMATION REQUIRED

OUTPATIENT CLINICS, WELL CHILD CLINICS AND FAMILY PLANNING CLINICS

Please respond to all of the following questions:	
1. Planned Parenthood of Southern New England Facility "d/b/a" (doing business as) Name	
Business Address City State Zip Code Telephone	8442
2. Is this program a School Based Health Center? [] Yes [\(\)] No	
3. Check the appropriate box/boxes describing the services to be provided by the clinic: [] Primary Care	
4. Jennifer Bouley Administrator (Your name needs to appear as it is shown on your Professional License).	
5. Timothy Spurrell Medical Director Dental Director (if applicable) (Your name needs to appear as it is shown on your Professional License).	
6. Days & Hours of Operation: M 730-330 T11-7 W11-7 TV 9-5 FC You MUST notify this agency when ANY change to the noted day/time changes. We accept email and for	130-430 ax.
7 Please provide a list of services that will be provided. If this is for the addition of services, please	e also

provide the resume of the person(s) who will be providing the services.



ned Parenthood of Southern New England

Planned Parenthood of Southern New England d/b/a Planned Parenthood of Southern New England, Inc.

Organizational Chart

Board of Directors 2016-2017

OFFICERS:

Simone Joyaux, Chair Gayle Capozzalo, Vice Chair Karen Dubois-Walton, Secretary Leigh Bonney, Treasurer Frances Padilla, Assistant Treasurer

BOARD OF DIRECTORS:

Bridget Baird
Erica Buchsbaum
Chris Corcoran
Melissa Davis
Holland Dunn
Tekisha Everette
Sue Hessel
Sara Lulo
Susann Mark
Clay Pell
Susan Ross
Nancie Schwarzman
Brett Smiley
Fahd Vahidy



STATE OF CONNECTICUT

Attachment 3

DEPARTMENT OF PUBLIC HEALTH FACILITY LICENSING & INVESTIGATIONS SECTION

FORM 3

FACIL	ITY/AGENCY NAME: Planned Paventhood of	Southern New
Form 3	must be completed if the facility/agency or Real Property Owner is owned/oper Please copy additional sheets if necessary.	erated by a corporation (profit or non-
owns 10	a stockholder with a 10% or greater ownership interest in the Licensee, provide the in 10% or more of the total shares, please indicate the two largest stockholders. Please of tity listed below that is not an individual.	
This inf	Next entity on the organizational chart: Real Property Owner	of Southern New Engle Inc
1,	Name: N/A - Non Profit organization Address: Telephone: Stockholder's percentage of ownership: Stockholder's occupation with the owner:	
2.	Name: Address: Telephone: Stockholder's percentage of ownership: Stockholder's occupation with the owner:	RECEIVED UCI 10 2017
3.	Name: Address: Telephone: Stockholder's percentage of ownership: Stockholder's occupation with the owner:	DEPT. OF PUBLIC HEALTH FACILITY LICENSING & INVESTIGATIONS SECTION
4.	Name: Address: Telephone: Stockholder's percentage of ownership: Stockholder's occupation with the owner:	

Department of Public Safety Division of Fire, Emergency & Building Services Office of State Fire Marshal



STATE OF CONNECTICUT

In September 28, 2017, the Thompsonville Fire Department Office of the Fire Marshal conducted

an inspection of:

Planned Parenthood

111 HAZARD AVE

ENFIELD, CT 06082

The purpose of this inspection was to determine the degree of compliance with the Fire safety requirements of Connecticut General Statutes Chapter 541 as authorized by section 29-305 of the statutes. This facility was evaluated as: Business OFFICE

As a result of this inspection, the following conditions were found:

X I.	At the time of inspection, no code violations were identified. CEIVED Certificate of Approval recommended. UCI 10 2017
□ II.	At the time of inspection, conditions were discovered to be contrary to the
	minimum requirements of these codes. An acceptable plan of correction was
Mark the second state	submitted. (See attached information).
	Certificate of Approval recommended.
	At the time of inspection, conditions were discovered to be contrary to the
	minimum requirements of these codes. No approval plan of correction was
	submitted. (See attached information).
	Certificate of Approval NOT recommended.
	Based on the extreme hazard to public safety discovered at the time of this
□ 11.	inspection, this office is currently seeking an injunction from court through
	our Town Attorney for the purpose of closing or restricting usage of this facility
	by the public.
	Certificate of Approval NOT recommended.
000	09/28/2017

File Number 200168

Certificate Date

Paul Censki DC



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/09/2016

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

CONTACT NAME: PHOME PHOME PHOME ABORDANISCS@marsh.com Fax: 212-948-1307 INSURER A : New Hampshire Insurance Company 23841 INSURER B : National Union Fire Ins. Co. of Pittsburgh, PA 19445 INSURER B : National Union Fire Ins. Co. of Pittsburgh, PA 19445 INSURER B : National Union Fire Ins. Co. of Pittsburgh, PA 19445 INSURER B : National Union Fire Ins. Co. of Pittsburgh, PA 19445 INSURER B : National Union Fire Ins. Co. of Pittsburgh, PA 19445 INSURER B : National Union Fire Ins. Co. of Pittsburgh, PA 19445 INSURER B : National Union Fire Ins. Co. of Pittsburgh, PA 19445 INSURER B : NSURER
ADDRESS: ## INSURER a : New Hampshire Insurance Company ## 23841 ## AUSURER B : New Hampshire Insurance Company ## 23841 ## AUSURER B : New Hampshire Insurance Company ## 23841 ## AUSURER B : New Hampshire Insurance Company ## 23841 ## AUSURER B : New Hampshire Insurance Company ## 23841 ## AUSURER B : New Hampshire Insurance Company ## 23841 ## AUSURER B : New Hampshire Insurance Company ## 23841 ## AUSURER B : New Hampshire Insurance Company ## 23841 ## AUSURER B : New Hampshire Insurance Company ## 23841 ## AUSURER B : New Hampshire Insurance Company ## 23841 ## AUSURER B : New Hampshire Insurance Company ## 23841 ## AUSURER B : New Hampshire Insurance Company ## 23841 ## AUSURER B : New Hampshire Insurance Company ## 23841 ## AUSURER B : New Hampshire Insurance Company ## 23841 ## AUSURER B : New Hampshire Insurance Company ## 23841 ## AUSURER B : New Hampshire Insurance Company ## 23841 ## AUSURER B : New Hampshire Insurance Company ## 23841 ## AUSURER B : New Hampshire Insurance Company ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841 ## 23841
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Planned Parenthood of Southern New England

Planned Parenthood of Southern New England d/b/a Planned Parenthood of Southern New England, Inc.

Organizational Chart

Board of Directors 2016-2017

OFFICERS:

Simone Joyaux, Chair Gayle Capozzalo, Vice Chair Karen Dubois-Walton, Secretary Leigh Bonney, Treasurer Frances Padilla, Assistant Treasurer

BOARD OF DIRECTORS:

Bridget Baird
Erica Buchsbaum
Chris Corcoran
Melissa Davis
Holland Dunn
Tekisha Everette
Sue Hessel
Sara Lulo
Susann Mark
Clay Pell
Susan Ross
Nancie Schwarzman
Brett Smiley
Fahd Vahidy



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/07/2016

HIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS ERTIFICATE 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

RODUC					CONTAC NAME:	CT							
	h USA, Inc.				PHONE FAX (A/C, No, Ext): (A/C, No):								
New \	Avenue of the Americas York, NY 10036				F-MAII			[(A/C, No):					
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NFIELD, CT 06082						AUTHORIZED REPRESENTATIVE of Marsh USA inc.							
INFIL							ENTATIVE						



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/09/2016

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

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	th USA, Inc.					PHONE			FAX (A/C, No):				
	Avenue of the Americas York, NY 10036					E-MAIL ADDRES			[A/C, NO];				
Attn:	healthcare.accountscss@m	arsh.com Fax: 212-9	48-13	07		ADDRES		IIDED/S\ AEEOE	DING COVERAGE		NAIC#		
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COVE	RAGES	CER	TIFIC	CATE	NUMBER:		007478047-03		REVISION NUMBER:2				
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If D	yes, describe under ESCRIPTION OF OPERATION	ONS below							E.L. DISEASE - POLICY LIMIT	\$			
	EDICAL PROFESSIONAL				6793286		01/01/2017	01/01/2018	EACH WRONGFUL ACT		\$1,000,00		
C	LAIMS-MADE COVERAGE				Program Retro Date: 11/1/76				AGGREGATE		\$3,000,00		
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ENG 1111	HAZARD AVENUE IELD, CT 06082	- VIIIIIIIIIIIIII				THE	EXPIRATIO	N DATE TH	DESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.				
							RIZED REPRESE h USA Inc.	ENTATIVE					
							Ricki Fitzsimmons Teil. Fitz						

7.	Please	disclos	e the na	me, bus	iness ac	ddress an	d telepl	one num	ber o	f the A	gent i	for Ser	vice f	or the	
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	Name				Addre	SS					161	ephone		<i>9</i> 03	-81
8.	Attach	an orga ee's rela	nization tionship	nal chart	t which e facilit	reflects t ty/agency	the curr	ent owner	rship	structu	ire of	the lic	ensee	and the	5 18
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		1.						Secretar							n.
		ii.	Attach	a list in	ncluding	g the nam		ess and t	-						
			directo	ors of the	e corpo	ration.									
10.	Attack	a curre	nt copy	of the f	acility's	s Certific	ate of n	alpractic	e and	public	liabil	lity ins	uranc	e. (Not	æ:
	Inforn accept	nation P ted.). P	ages and lease no	d Insura te that A	nce Bir All Beh	nders are	unacce ealth le	otable. Ovels of ca	only C	Certific	ates o	f Insur	ance	will be	
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											-	AND DESIGNATIONS OF STREET	CSTIGA	TONS SEC	TON

1	
12.	Ownership of Real Property
	Name Name Enfield Ct 06082 860 - 253 - 9605 Business Address City State Zip Code Telephone
√ ₁₃ .	Annual Fire Marshal's Certificate of Inspection Form (attached) must be completed by the Local Fire Marshal. NOTE: <u>Hospitals</u> must have a separate Fire Marshal's Certificate of Inspection completed for each building on the hospital's campus and each satellite listed on the hospital's license. Additional forms may be copied if necessary. (Not applicable for Homemaker Home Health and Home Health Agencies).
√ ₁₄ .	Affidavit of Owner: I attest that the information provided within this application is true and accurate and not made with the intent to mislead a public servant. I attest that such statement is made under oath, that any changes in the information submitted will be reported to the Department as required by law. Any such false statement made therein is punishable by law, as per the CGS 53a-157b.
	Signature Date Signed
	Check one as applicable: [] Individual/Sole Proprietor [] General/Managing Partner [] President of Corporation [] Secretary of Corporation [] Municipal Officer [] Trustee [] Member of the LLC State of Connecticut [] State of Connecticut DEPT. OF PUBLIC HEALTH FACILITY LICENSING & INVESTIGATIONS SECTION
	Personally appeared before me the above named Amanda Skinn and made oath
	to the truth of the statements contained in his/her answers to the foregoing questions. Substitute
	(If Notary Public) SALLY HELLERMAN

FLIS LICAPP -001 Rev. 9/2016 NOTARY PUBLIC
MY COMMISSION EXPIRES DEC. 31, 2021

Jennings, Christine



Bouley, Jennifer

RE: Org. chart, Additional Info. & Board of Directors

All set. Thank you.

From: Bouley, Jennifer [mailto:Jennifer.Bouley@ppsne.orq]

Sent: Thursday, October 12, 2017 11:05 AM

To: Jennings, Christine

Subject: Re: Org. chart, Additional Info. & Board of Directors

Hi Christine,

I have talked with Haley, she believes that the additional stuff you need should be fulfilled now with the email she sent you yesterday.

Please let me know if this is no true.

Best,

Jenn

Jennifer Bouley Center Manager

111 Hazard Avenue | Enfield, CT 06082 P: 860.741.8442 | F: 860.221.3910 Jennifer.Bouley@ppsne.org | www.ppsne.org

Providing Answers. Honoring Choices. Creating Hope.

NOTE: This transmission, and any files that may accompany it, contain information belonging to Planned Parenthood of Southern New England and is considered confidential and/or legally privileged. If you are not the intended recipient, any disclosure, copying, distribution or the taking of any action in reliance on the contents of this transmission is strictly prohibited. If you believe you have received this transmission in error, please contact the sender and permanently delete this e-mail and its attachments from your system immediately.

om: Jennings, Christine < Christine.Jennings@ct.gov>

Sent: Wednesday, October 11, 2017 4:39 PM

To: Bouley, Jennifer

Subject: RE: Org. chart, Additional Info. & Board of Directors

Thank you for the list of Board of Directors. But the org. chart is not what this office is looking for. All we need is the ings that you will find from the Renewal Application. Page 1 line 1, page 2 line 5. List of Board of Directors.

From: Bouley, Jennifer [mailto:Jennifer.Bouley@ppsne.org]

Sent: Wednesday, October 11, 2017 2:53 PM

To: Jennings, Christine

Subject: Re: Org. chart, Additional Info. & Board of Directors

The one i submitted is correct. Haley Vincent also sent you the officers and board of directors.

Jennifer Bouley Center Manager

111 Hazard Avenue | Enfield, CT 06082 P: 860.741.8442 | F: 860.221.3910 Jennifer.Bouley@ppsne.org | www.ppsne.org

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From: Jennings, Christine < Christine.Jennings@ct.gov

Sent: Wednesday, October 11, 2017 2:47:04 PM

To: Bouley, Jennifer

Subject: RE: Org. chart, Additional Info. & Board of Directors

The org. chart is incorrect, please see attached chart and list of board of directors that was submitted in 2013, did anything change from 2013 & 2015-16?

From: Bouley, Jennifer [mailto:Jennifer.Bouley@ppsne.orq]

Sent: Wednesday, October 11, 2017 1:26 PM

To: Jennings, Christine

Subject: Re: Org. chart, Additional Info. & Board of Directors

Hi,

ttached are the forms you requested.

Thanks,

Jenn



Center Manager

111 Hazard Avenue | Enfield, CT 06082 P: 860.741.8442 | F: 860.221.3910 Jennifer.Bouley@ppsne.org | www.ppsne.org

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From: Jennings, Christine < Christine.Jennings@ct.gov>

nt: Wednesday, October 11, 2017 1:10:40 PM

To: Bouley, Jennifer

Subject: Org. chart, Additional Info. & Board of Directors

Please see 9 of the attached application for the additional Information form. Thank you.

Attached are the forms you requested.



Jennifer Bouley Center Manager

111 Hazard Avenue | Enfield, CT 06082 P: 860.741.8442 | F: 860.221.3910 Jennifer.Bouley@ppsne.org | www.ppsne.org

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From: Jennings, Christine < Christine.Jennings@ct.gov Sent: Wednesday, October 11, 2017 1:10:40 PM

To: Bouley, Jennifer

Subject: Org. chart, Additional Info. & Board of Directors

Please see 9 of the attached application for the additional Information form. Thank you.

From: Bouley, Jennifer [mailto:Jennifer.Bouley@ppsne.org]

Sent: Wednesday, October 11, 2017 2:53 PM

To: Jennings, Christine

Subject: Re: Org. chart, Additional Info. & Board of Directors

The one i submitted is correct. Haley Vincent also sent you the officers and board of directors.



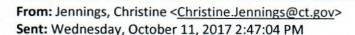
Jennifer Bouley

Center Manager

111 Hazard Avenue | Enfield, CT 06082 P: 860.741.8442 | F: 860.221.3910 Jennifer.Bouley@ppsne.org | www.ppsne.org

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To: Bouley, Jennifer

Subject: RE: Org. chart, Additional Info. & Board of Directors

The org. chart is incorrect, please see attached chart and list of board of directors that was submitted in 2013, did anything change from 2013 & 2015-16?

From: Bouley, Jennifer [mailto:Jennifer.Bouley@ppsne.org]

Sent: Wednesday, October 11, 2017 1:26 PM

To: Jennings, Christine

Subject: Re: Org. chart, Additional Info. & Board of Directors

Hi,

Attached are the forms you requested.

Thanks,

Jenn



Jennifer Bouley Center Manager

111 Hazard Avenue | Enfield, CT 06082 P: 860.741.8442 | F: 860.221.3910 Jennifer.Bouley@ppsne.org | www.ppsne.org

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From: Jennings, Christine < Christine.Jennings@ct.gov Sent: Wednesday, October 11, 2017 1:10:40 PM

To: Bouley, Jennifer

Subject: Org. chart, Additional Info. & Board of Directors

ease see 9 of the attached application for the additional Information form. Thank you.

2013

RENEWAL



[] INITIAL

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH FACILITY LICENSE & INVESTIGATIONS SECTION

LICENSURE APPLICATION

[X] RENEWAL [] CHANGE OF OWNERSHIP

NOTICE: Any nursing home licensee, owner or officer, including,
but not limited to, a director, trustee, limited partner, managing
partner, general partner or any person having at least 10 per cent
(10%) ownership interest, and any administrator, assistant
administrator, medical director, director of nursing or assistant
director of nursing, may be subject to criminal liability, in addition
to civil and administrative sanctions under federal and state law, for
the abuse or neglect of a resident of the nursing home perpetrated
by an employee of the nursing home.

NOTE: A separate application must be completed for each licensed level of care, whether or not, that level is located at the same address

In accordance with Section 19a-491 and/or Section 19a-506 of the Connecticut General Statutes, application is hereby made for a license to operate the following (please check the appropriate box/boxes that apply):

[] Assisted Living Services Agency	[] Infirmary Operated by an Educational Institution
[] Children's Hospital	[] Maternity Home
[] Chronic and Convalescent Nursing Home	[] Maternity Hospital
[] Chronic Disease Hospital	[] Outpatient Clinic/Primary Care
[X] Family Planning Clinic	Outpatient Dialysis Unit
[] General Hospital	Outpatient Surgical Facility
[] Home Health Care Agency	[] Residential Care Home
[] Homemaker-Home Health Aide Agency	[] Rest Home with Nursing Supervision
[] Hospice	[] In-Patient Hospice Unit
[] Hospital for Mentally III Persons	[] Well Child Clinic
[] Mental Health Psychiatric OutPat.	[] Mental Health Day Treatment
[] Mental Health Intermediate Tmt.	[] Mental Health Community Residence
[] Substance Abuse & Dependence	[] Mental Health Residential Living



Phone: (860) 509-7444

<u>Telephone Device for the Deaf (860) 509-719</u>

410 Capitol Avenue - MS # 12HFL

P.O. Box 340308 Hartford, CT 06134

An Equal Opportunity Employer

	thern New Englar	nd		
Facility "d/b/a" (doing busines	ss as) Name			
111 Hazard Avenue En	field, Ct 06082			
Business Address	City	State	Zip Code	Telephone
same				
Mailing Address (if applicable	e) City	State	Zip Code	
Bed Capacity Requested (if applease list the bed capacity for				or multiple levels
	Beds/		D	0 11 11)
Level of Care N/A	Hemodialysis Sta	tions	Bassinets (1	f applicable)
060263565				
Federal Employer Identification	on Number			
Disclose the legal entity which		he facility.	(Note: The l	icense will be iss
	outhern New Eng	land		
entity.)Planned Parenthood of S Licensee		land 203.865.5	158	
entity.)Planned Parenthood of S Licensee 345 Whitney Avenue New H			158 Zip Code	Telephone
entity.) Planned Parenthood of S Licensee 345 Whitney Avenue New H Business Address	aven, Ct 06511	203.865.5		Telephone
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Planned Parenthood of Society.) Planned Parenthood of Society	city e) y a (please check	203.865.5 State the box wh	Zip Code ich applies): funicipality rust	

- 6. Is the above named entity authorized by the Office of the Secretary of State to transact business in the State of Connecticut and considered in Good Standing? [X] YES [] NO
- Please disclose the name, business address and telephone number of the Agent for Service for the Licensee.

_Judy Tabar 345 Whitney Avenue New Haven, Ct 06511 203.865.5158

Name Address Telephone

- 8. Attach an organizational chart which reflects the current ownership structure of the licensee and the licensee's relationship with the facility/agency.
- 9. Respond to the specific question that reflects the ownership structure of the licensee. The Licensee is the legal entity which will be issued the license to operate.
 - A. If the Licensee is a general partnership, limited partnership or limited liability company, complete Form 1 (attached).
 - B. If the Licensee is a trust, complete Form 2 (attached) for the Licensee.
 - i. Attach a list including the name, address and telephone number of all trustees.
 - C. If the Licensee is a <u>corporation</u> (profit or non-profit), complete Form 3 (attached) for the Licensee. Complete a separate Form 3 for each additional corporate entity having 10% or greater ownership interest in the Licensee.
 - i. If the corporation is incorporated in a state other than Connecticut, please attach a Certificate of Good Standing from the Secretary of State of the state of incorporation.
 - ii. Attach a list including the name, address and telephone number of all officers and all directors of the corporation.
- 10. Attach a current copy of the facility's Certificate of malpractice and public liability insurance. (Note: Information Pages and Insurance Binders are unacceptable. Only Certificates of Insurance will be accepted.). Please note that All Behavioral Health levels of care, except hospitals, and RCH facilities are exempt from the malpractice requirement.
- 11. Attach evidence of current compliance with the worker's compensation insurance coverage requirements in the form of one of the following:
 - A. a certificate of self-insurance issued by a worker's compensation commissioner pursuant to Section 31-284 of the Conn. General Statutes; or
 - a certificate of compliance issued by the Insurance Commissioner pursuant to Section 31-286 of the Conn. General Statutes; or
 - C. a Certificate of Insurance issued by any stock or mutual insurance company or mutual association authorized to write worker's compensation insurance in this state. (Note: <u>Information pages and Insurance Binders are unacceptable. Only Certificates of Insurance will be accepted.</u>)
- 12. Ownership of Real Property

 _Colli Management LLC 76 Mountain Road Suffield, Ct 06078

Planned Parenthood of Southern New England ORGANIZATION CHART

2014

BOARD OF TRUSTEES

(Please attach a list of the board of Trustees)

Planned Parenthood of Southern New England

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Page 2, Line 4 of the renewal application (LICENSEE)

Planned Parenthood of Southern New England

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Page 1, Line 1 of the renewal application (D/B/A)

Planned Parenthood of Southern New England Board of Directors 2013-2014

Officers:

Amelia Renkert-Thomas, Chair
Simone Joyaux, Vice Chair
Sandra Arnold, Secretary
Siw de Gysser, Treasurer
Leigh Bonney, Assistant Treasurer

Board of Directors:

Natalie Adsuar, M.D.

Adriana Arreola-Joseph

Erica Buchsbaum

Gayle Capozzalo

Karen Dubois-Walton

Sue Hessel

Susann Mark

Nadesha Mijoba

Donna Moffly

John R. Morton, M.D.

Susan Ross

Fahd Vahidy

Mary Kay Woods



CERTIFICATE OF LIABILITY INSURANCE

DATE (MU/DD/YYY) 12/31/2013

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 cortificate holder is an ADDITIONAL INSURED, the policy(les) 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 corlificate holder in lieu of such endorsement(s). RODUCER Marsh USA, Inc. PHONE IA/C. No. Ext): E-MAIL ADDRESS: FAX 1166 Avenue of the Americas New York, NY 10036 Attn: healthcare.accountscss@marsh.com Fax: 212-948-1307 INSURERIS) AFFORDING COVERAGE NAIC # INSURER A: Markel Insurance Company 109210-NP-CAS-14-15 38970 NEW C GLPL INSURER B : NA PLANNED PARENTHOOD OF N/A INSURER C: Nebonal Union Fire Ins. Co. of Pillsburgh, PA 19445 SOUTHERN NEW ENGLAND, INC. AN AFFILIATE OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. 345 WHITNEY AVENUE INSURER D : INSURER E NEW HAVEN, CT 08511 INSURER F: COVERAGES **CERTIFICATE NUMBER:** NYC-005767681-26 **REVISION NUMBER: 11** 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. ADDE SUBR POLICY EFF POLICY EXP LIMITS TYPE OF INSURANCE POLICY NUMBER 3C41034 1.000.000 GENERAL LIABILITY 01/01/2014 01/01/2015 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) (00,000 COMMERCIAL GENERAL LIABILITY 5.000 CLAIMS-MADE X OCCUR MED EXP (Any one person) 1,000,000 SIR: \$100,000 PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE 2,000,000 GENL AGGREGATE UNIT APPLIES PER: PRODUCTS - COMPANY AGG X LOC POLICY JECT COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED BODILY INJURY (Per accident) PROPERTY DAMAGE HERED AUTOS \$ UNBRELLALIAB EACH OCCURRENCE OCCUR EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTIONS WORKERS COMPENSATION TORY LIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTHER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandalory In HH) E.L. EACH ACCIDENT E.L DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 6793286 01/01/2014 01/01/2015 PER CLAIM \$1,000,000 MEDICAL PROFESSIONAL AGGREGATE \$3,000,000 CLAIMS-MADE COVERAGE Program Retro Date: 11/1/76 DESCRIPTION OF OPERATIONS/LOCATIONS (VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) CANCELLATION **CERTIFICATE HOLDER** PLANNED PARENTHOOD OF SOUTHERN NEW SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. ENGLAND ATTN: LOUIS DENEGRE 345 WHITNEY AVENUE NEW HAVEN, CT 06511 AUTHORIZED REPRESENTATIVE of Marsh USA Inc.

Till Fitze

Rickl Fitzsimmons



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/14/2014

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).

certificate holder in lieu of such endorser	nent(s)	•						
PRODUCER Marsh USA, Inc.			CONTACT NAME:					
1166 Avenue of the Americas			PHONE FAX (A/C, No, Ext): (A/C, No):					
New York, NY 10036 Attn: healthcare.accountscss@marsh.com Fax; 212-948-1307			(A/C, No. Ext): (A/C, No): E-MAIL ADDRESS:					
Attit. Healipeare.accountiscssigniaisi.com Fax. 212-940-1507				NAIC #				
109210-WC-5-5-14-15 NEW,C WC			INSURE	RA: ACE Amer	ican Insurance Co	жпрапу	22667	
INSURED PLANNED PARENTHOOD OF SOUTHERN NEW			INSURE					
ENGLAND, INC., AN AFFILIATE OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.			INSURE					
			INSURE	RD:	7.0			
345 WHITNEY AVENUE NEW HAVEN, CT 06511			INSURE	RE:		*1		
			INSURE	RF:				
COVERAGES CERTIF	FICATE	E NUMBER:		-006791941-01		REVISION NUMBER: 1	-	
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PEREXCLUSIONS AND CONDITIONS OF SUCH PO	JIREME RTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO ALL	WHICH THIS	
INSR AD	DL SUBR	1	DEEN !	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)			
GENERAL LIABILITY	SR WYD	POLICY NUMBER		(MM/DD/YYYY)	(MARDDRYYYY)	LIMITS		
						EACH OCCURRENCE \$ DAMAGE TO RENTED		
COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence) \$		
CLAIMS-MADE OCCUR						MED EXP (Any one person) \$		
						PERSONAL & ADV INJURY \$		
						GENERAL AGGREGATE \$		
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMPIOP AGG \$		
POLICY PRO- JECT LOC						\$		
AUTOMOBILE LIABILITY						COMBINED SINGLE UMIT (Ea accident) \$		
ANY AUTO						BODILY INJURY (Per person) \$		
ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$		
HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE \$		
						. \$		
UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE						AGGREGATE \$		
DED RETENTIONS						s		
WORKERS COMPENSATION						X WC STATU- OTH-		
A NO EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER EXECUTIVE N N/		RSC C47330634		01/01/2014	01/01/2015	E.L. EACH ACCIDENT S	1,000,000	
OFFICER/MEMBER EXCLUDED? N N/ (Mandatory in NH)	A					~~	1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below						E L. DISEASE - EA EMPLOYEE \$	1,000,000	
DECOMMINION OF EIGHT OF BOOM	_					E.L. DISEASE - POLICY LIMIT \$	1,000,000	
			2					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES EVIDENCE OF COVERAGE.	(Attach	ACORD 101, Additional Remarks	Schedule	, if more space is	required)			
CERTIFICATE HOLDER			CANC	ELLATION				
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, INC. 76 PALOMBA DRIVE ENFIELD. CT 06082			THE	EXPIRATION	OATE THE	ESCRIBED POLICIES BE CANCEL REOF, NOTICE WILL BE DE LY PROVISIONS.		
				RIZED REPRESE h USA Inc.	NTATIVE			
			Ricki F	itzsimmons		Rich Ita		



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH FACILITY LICENSING & INVESTIGATIONS SECTION

LICENSURE APPLICATION - ADDITIONAL INFORMATION REQUIRED

OUTPATIENT CLINICS, WELL CHILD CLINICS AND FAMILY PLANNING CLINICS

Business Address	City	State	Zip Code	Telephone
Check the appropriate box/box	es describing th	e services to	be provided	by the clinic:
[] Primary Care		X] Family	Planning	
[] Well Child Clinic [] Dental	Į] Abortion	n Procedures	
Caitlin Murphy				
Administrator (Your name ne	eds to appear as	it is shown o	on your Profes	ssional License).
Timothy Spurrell, MD				
Medical Director		ental Direct	or (if applicat	
		ental Direct	or (if applicat	
Medical Director	s it is shown on y am – 7:00 pm T	ental Direct	or (if applicational License).
Medical Director (Your name needs to appear as Hours of Operation: M 11:00	s it is shown on y am – 7:00 pm T m	ental Direct your Profess 8:30 am –	or (if applicational License).
Medical Director (Your name needs to appear a: Hours of Operation: M 11:00 - 7:00 pm F 8:30 am - 4:30 p	s it is shown on y am – 7:00 pm T m	ental Direct your Profess 8:30 am – 4	or (if applicational License). 30 am – 4:30 pm Ti
Medical Director (Your name needs to appear as Hours of Operation: M 11:00 - 7:00 pm F 8:30 am - 4:30 p Please provide a list of service	s it is shown on y am – 7:00 pm T m es that will be pr	ental Direct your Profess 8:30 am – 4	or (if applicational License). 30 am – 4:30 pm Ti

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Planned Parenthood of Southern New England

Services available:

- Well women's health care
- · Well men's health care
- Cervical cancer screening
- Breast exams
- Sexually transmitted infection testing and treatment
- HIV testing
- · Birth control services
- Pregnancy testing
- Options counseling
- Pre-conception care
- Medication abortion services
- Health and sexual health education services
- Hepatitis and HPV vaccine services
- Transgender services





	- Danie Cooper		ALTH CENTER STAFF - January		1	
CENTER MANAGER	BRIDGEPORT	DANBURY	DANIELSON	ENFIELD	HARTFORD NORTH	MANCHESTER
CLINICIAN	Ivelisse Silva	Antonietta Schaalman	Brittney Schultz	Caitlin Murphy	Heather Deliago	Sandy Dowell
CLINICIAN	Laurio Haydu Linda Magee Diana Soto, PD	Jennifer Ryan Joan Wiech, PD	Lindsay Dolaire Lisa Marie Griffiths, PD	Chris Bachand Christina Fantoni, PD Amy Kenefick, PD	Dobble Hamer	Maria Banevicius Diane Ubby-Ramage Kristine Sterling, PD
RN						
LPN					Sursattie Nepal	Bridget Temezak
CA	Latisha Ervin (float) Omar Jehaludi Nikole Moya Tenlsa Paulding, PD Michaile Reld, PD	Anntreen Lamar	Jessa Goldstoin Stephanio Nix Shorl Saddiemire	Claudia Valderrama	Natacha Roman Molanio Vazquez (ficat)	Brianne Johnson
ADVANCED CA	Ambor Bachman Evelyn Cuevas* Lori Gall Alda Orloga* Karl Peters, PD	Gabriela Ambroso* Jennifor Tomasini	Jacklyn Michalski, PD	Jennifor Boulay Danielle Deschaino	Yolanda Young	Shondra Bochtoid Leah Bell Nicolotte Laurne Norimar Nieves*
REGIONAL DIRECTOR	Kelly O'Brien	Kolly O'Brien	Shira Revzen	Shira Revzen	_Shira Revzen	Shira Rovzen
	MERIDEN/NEW BRIT	NEW HAVEN	NEW LONDON	NORWICH	OLD SAYBROOK	PROVIDENCE
CENTER MANAGER	Samantha Dobson	Jody Clark	Lisa Hodges-Velasquez	Janoon Ortiz*	Beth Burrage	Danna Freedman-Shara
CLINICIAN	Loren Fiolds Kathy Bryson Jenna LoGludice, PD	Kirsten Asmus Carrie Ferrigno Janet Gurnaer Wel-Ti Chen, PD Constance Chrnura, PD Gina Novick, PD Leslie Robinson, PD Margaret Withington, PD	Sarah Whalen Edle Morren-Morrison, PD	Kris Robin Stephanie Malia, PD	Elizabeth Fabrizi	Stocy Ramsey Jessica Wilder Stephanie Avila, PD Melanie Hill, PD Constance Chang, PD Megan Geynor Charette*, PD
RN		LaToya Ward Erin Paduda Sarah Ackor, PD Pamela Loo, PD Sari Gottlleb-Sherman, PD			, :	Paula Golden Paulina Nicchdol, PD Amy Gordon, PD
LPN	Dalva Morales*			Elaine Robinson		
CA	Arlinda Carr Casandra Lohr	Hector Cotto Whitney Davis Cholsea Epps Mercy Plant	Tylisha Wrighten	Hannah Carey Stephen Polach Jessica Stofanski		Kayla Murphy Amber Newmann Tara Patterson Pam Shaw Harriet Singer Nindi Tiemo Srlanna Jolaoso
ADVANCED CA	Keri Geoghegan Viviana Hernandez* Tina St. Germain Jose Vargas	Victoria Burch Omara do la Cruz* Eshe Hamilton Candice Langley Esther Pollet* Carmen Trochoz* Nicolo Zutlo	Bernadette DeShields Damaris Hornandez* Lindsey Jonos Veronica Sohn	Donna Bonanno Joseica Davila*	Nicole Corona Susan Schlachter	Antigone Royes Esporanza Santana* Eni Valerio*
REGIONAL DIRECTOR	Kelly O'Brien	Kelly O'Brien	Shira Revzen	Shira Revzon	Kelly O'Brien	Shira Revzen
	STAMFORD	TORRINGTON	WATERBURY	WEST HARTFORD	WILLIMANTIC	
CENTER MANAGER	Machilda Carolus**	Tammy Hreha	Alida Caban*	Jane Yousman	Beth Murana	
CLINICIAN	Gannon Ward Inos Riera, PD Susan Ruehl, PD	Claudette Baril	Ronnie Dubrowin* Karen Parkhurst, PD	Mark Pierco Roconne DePasquale Emily Cote, PD	Jili Cassells	
RN	Allison Lomas Michelle Miller, PD Miren Katixa Abolitiz, PD			Kate Sivel* Samantha Hyacinth, PD Emily Yeast, PD		
CA	Anabel Morel-Rodriguez Cathorine Osorio Sandra Pinto	Jenniter Heit Heather Keyes	Michelle Jimenez* Claudia Polanco	Emily Kersey Jetsebel Lopez Morayma Rodriguez	Jillian Librandi Franceska Vega	

Anabol Morel-Rodriguez Cathorine Osorio Sandra Pinto Melina Rankine Yolanda Rosado* Emily Kersey Jetsebel Lopez Morayma Rodriguez ADVANCED CA Mayra Torres* Evinn Jackson, PD Daphne Mondesir*, PD Madeline Alvarez* Mary Cruz* Getzenia Nieves* Jenny Marterelli, PD Kaitlin Sohn, PD Shira Revzen Jasmine Osorio Erika Vanamringo Ivelisse Vasquez* Lillian Morales* REGIONAL DIRECTOR Kelly O'Brion
"Billingual English/Spanish "Billingual English/French Kelly O'Brien Kelly O'Brien Shira Rovzen

	Name				
	Business Address	City	State	Zip Code	Telephone
***	*******	******			*********
			FOR C	FFICE USE O	NLY
	CHECK #			AMOUNT \$_	
	DATE RECEIVED		-	INITIALS	
****	*******	*******	******	*****	*********
13.	Marshal. NOTE: <u>Hosp</u> completed for each bui license. Additional for	itals must have lding on the he ms may be cop n that is subm	e a separate ospital's ca oied if nece itted must	e Fire Marsh mpus and ea ssary. Each c have an orig	must be completed by the Local Fire al's Certificate of Inspection ch satellite listed on the hospital's completed Fire Marshal's ginal signature. (Not applicable for
14.	Affidavit of Owner: I attest that the information the information subm	_		•	ue and accurate and that any changes as required by law.
E	Signature)	a	Date	30/14 Signed	
	Check one as applicable	: 1			
	[] Individual/Sole Pro [] General/Managing [[X] President of Corp [] Secretary of Corpor [] Municipal Officer [] Trustee	Partner oration			
	State of Connecticut)			
	County of New Ha	ven)	SS	Fansary	30, 20 14
	Personally appeared before to the truth of the statem saily Reference Hotory Public Counts December \$1, 29	ents contained	e named in his/her an 	July Takenswers to the US Affel y Public e of the Peace	foregoing questions. Alum-

Application for Ill Hozaid Ave Planned Department of Public Safety
Division of Fire, Emergency & Building Services
Office of State Fire Marshall

Peace Fill cut



STATE OF CONNECTICUT

On (date) 2-21-2014, the (Town/City) Thompsonville	Office o	f the Fire	Marshal conducte	ed at
inspection of (name of facility) Planned Parant	in A	the	City/Town	of
ENFIELD. CT to determine the degree of complia Connecticut General Statutes 541 as authorized by Section 29-2	nce with the	he fire safe tatutes. Thi	ty requirements	uated
as a (new/existing) NEW (occupancy classification) Rusiness CONNECTICUT FIRE SAFETY CODE. As a result of this inspec			s classified by litions were found	
II. At the time of inspection, no code violations were identified. III. At the time of inspection, conditions were discovered to be codes. An acceptable plan of correction was submitted. approval recommended. III. At the time of inspection, conditions were discovered to be codes. No approved plan of correction was submitted. (See NOT recommended. IV. Based on the extreme hazard to public safety discovered at seeking an injunction from the court through our Town/City usage of this facility by the public. (See attached recommended.	e contrary to e contrary to e attached in the time of	the minimus ached infor- to the minimus information)	um requirements of mation) Certificate of a continuous office is one of closing or re-	of these cate of of these pproval currently estricting

2:-24-2014 Date

City or Town: ENFIELD/Houpsonville

File 133-13

Phone: (860) 509-7444

Telephone Device for the Deaf (860) 509-719 410 Capitol Avenue - MS # 12HFL P.O. Box 340308 Hartford, CT 06134

An Equal Opportunity Employer

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Town of Enfield ~ Division of Building Inspection 820 Enfield Street, Enfield, Connecticut 06082

Telephone: (860) 253-6370 www.enfield-ct.gov

CERTIFICATE OF OCCUPANCY

Related Building Permit #: BP57151

Building Code Edition: 2011

C. O. #: CO57545

Date of Issue: 02/24/2014

Property Owner: COLLI MANAGEMENT LLC 76 MOUNTAIN RD

SUFFIELD, CT 06078

Owner Telephone:

Job Location: 111 HAZARD AVE

Parcel ID: 001000010075

Job Name: PPSNE

Portion of structure for which the certificate is issued:

INTERIOR DEMO AND FIT OUT FOR NEW TENANT

Construction Type: V-B

Use Group: BUSINESS

Occupancy: MEDICAL OFFICE

Design Occupant Load: 35

Automatic Sprinkler Provided: NO

Sprinkler System Required: NO

Special stipulations and conditions of the building permit:

NONE

The described portion of the structure has been inspected for compliance with the requirements of the Connecticut State Building Code for the occupancy and division of occupancy and the use for which the proposed occupancy is classified.

Building Official's Signature