COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES Department of Public Health Bureau of Health Care Safety and Quality 99 Chauncy Street, 11th Floor, Boston, MA 02111-1212 (617) 753-8000

APPLICATION FOR CLINIC LICENSE RENEWAL

Date: 4/22/2019

In accordance with the "Regulations for the Licensure of Clinic, 105 CMR 140", the undersigned hereby applies for a license to establish and/or maintain a clinic at the premises set forth below under provisions of the General Laws, Chapter 111, Section 51 and 56.

1.	NAME OF LICENSEE	Planned Par	enthood 1	eague of	Massachuse Hs,	Inc.
2.	NAME OF CLINIC: P	lanned Parent	thood lear	gue of Mo	israchisetts	
3.	ADDRESS: 1095 (if same,	write same) Ave. Bosto City or Town		Zip Code	
4.	TELEPHONE: 617	-616-1600	EMAIL:		@ppIm.org	
5.	LICENSE NUMBER:	1174	Date current 1		6-23-19	
6.	SERVICES (check all t	hat apply)			ECEIVED	
		Substance Abuse		Dental	APR 2 3 2019	
	Surgical X	Physical Rehabilitati	on	Mental Health	MA Dept. of Public Health 99 Chauncy Street Boston, MA 02111	
	Birth Center ———	Mobile Medical		Transfusion _		
	Pharmacy	Limited Services -				
7.	NAME OF CLINIC	ADMINISTRATOR:				

Planned Parenthood Clinic Name Legue of Massachusetts Application Date 4/22/2019

8.	NAME AND ADDRESS OF ALL SATELLITE LOCATIONS MAINTAINED UNDER LICENSEE:
1.	Name of Clinic: Planned Parenthood League of Massachusetts - Central MA center
	470 Pleasant St. Street: Suite #/Floor City/Zip Code
	Telephone Number: 508-854-3300 Days and Hours of Operation: See a Hache
	Services offered: Medical, Surgical
	Department of Public Safety Certificate Issued: Fire Certificate Issued:
	Substance Abuse Certificate Issued: N/A
2.	Name of Clinic: Planned Parenthood League of Massachusetts-Western MA
	3550 Main St. Ste. 201 Springfield, MA 01107 Street: Suite #/Floor City/Zip Code
	Telephone Number: 413-732-1620 Days and Hours of Operation: See a Hached
	Services offered: Medical, Surgical
	Department of Public Safety Certificate Issued: Fire Certificate Issued:
	Substance Abuse Certificate Issued: N/A
3.	Name of Clinic: Planned Parenthood League of Massachusetts - Fitchburg
	391 Main St. Street: Suite #/Floor Fitchburg, 01420 City/Zip Code
	Telephone Number: 508-854-3300 Days and Hours of Operation: See a Hached
	Services offered: Medical
	Department of Public Safety Certificate Issued: Fire Certificate Issued:
	Substance Abuse Certificate Issued: N/A

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Planned Parenthood Clinic Name League of Massachusetts Application Date 4/22/2019

8.	NAME AND ADDRESS OF A	LL SATELLITE LOCATIO	NS MAINTAINED UNDER LICENSEE:
1.	Name of Clinic: Planned	Parenthood league	of Massaenusells - Marlboro
	91 Main St. Street:	Ste. 103	Marlborough, 01752
	•	•	urs of Operation: Sel attached
	-		is of Operation.
	Department of Public Safety	Certificate Issued:	Fire Certificate Issued:
	Substance Abuse Certificate l	ssued: V/A	·
2.	Name of Clinic:		
	Street:	Suite #/Floor	City/Zip Code
	Telephone Number:	Days and Ho	urs of Operation:
	Services offered:		
	Department of Public Safety	Certificate Issued:	Fire Certificate Issued:
	Substance Abuse Certificate	Issued:	
3.	Name of Clinic:		
	Street;	Suite #/Floor	City/Zip Code
			urs of Operation:
	Services offered:		-
	Department of Public Safety	Certificate Issued:	Fire Certificate Issued:
	Substance Abuse Certificate	Issued:	

Rev. 10/31/17

Planned Parenthood League of Massachusetts, Inc. Days & Hours of Operation

	Greater B	oston He	alth Center	r				
	Mon	Tues	Wed	Thu	rs	Fri	Sat	Sun
Open	7:30am	7:30am	7:30am	7:30a	am	7:30am	7:30am	
Close	7:00pm	7:00pm	7:00pm	7:00	om	7:00pm	3:00pm	
	Central M	A Healtl	n Center					
	Mon	Tues	Wed	Thu	rs	Fri	Sat	Sun
Open	8:00am	8:00am	8:00am	8:00	am	8:00am	8:00am	
Close	7:15pm	3:45pm	7:15pm	7:15	pm	5:00pm	2:00pm	
Open	Western Mon 8:00am	√IA Heal Tues 8:00am	Wed		Fhurs 8:00am	Fri 7:45am	Sat	t Sun
Close	5:00pm	7:30pm	5:00pm	1 ′	7:30pm	5:00pm		
	Fitchburg Mon	Tu	es	Wed	Thur		Fri Sat	Sun
Open	10:00am		00am		10:00			
Close	4:00pm		0pm		7:30p	m -	- 	
	Marlboro	_						
	Mon		Ved	Thurs	Fri		Sat	Sun
Open			0:00am	***		00am	8:00am	
Close		7	:30pm		4:0	0pm	1:00pm	

9.	Number of patients per year
	Less than 5,000
	5,000 – 25,000
	25,000 – 100,000
	100,000 -

10. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and naid all state taxes required under law.

rederal identification number

Note: Your Federal Identification number will be furnished to the Massachusetts Department or Revenue to determine whether you have met tax filing or tax payment obligations. Licensee who fail to correct their non-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.

11. Signature and Seal:

my knowledge.*		Management	
	in beha	,, C	orporate Name
	By: Corporate Office	r (if applicable)	PIRANIEL PROGRAMMA P
Subscribed and sworn to before me on this 22 nd My commission expires on 23 rd day of	day of April	20 19	
My commission expires on 23rd day of	September	20 22 .	
Max Tandles	(Seal)	WHITE AL DAY	·
*Note: All information contained in this application mu	ast be kept current.	WEE ON SEPTIMENT OF SEPTIMENT O	C. A. C.

Rev. 10/31/17

COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES Department of Public Health Bureau of Health Care Safety and Quality 99 Chauncu Street, 11th Floor, Boston, MA 02111-1212

Bureau of Health Care Safety and Quality
99 Chauncy Street, 11th Floor, Boston, MA 02111-1212
(617) 753-8000

APPLICATION FOR CLINIC LICENSE RENEWAL

Date: 6-22-17

app		lish and/or maintain a clinic at the pr	05 CMR 140", the undersigned hereby emises set forth below under provisions
1.	NAME OF LICENSEE:	Planned Parenthood	League of Massachusetts, Inc.
2.	NAME OF CLINIC: $\frac{1}{2}$	'lanned Parenthood 1	-Eague of Massachusetts
3.	ADDRESS:)055 C	(if same, write same) BC City or Town	Ston 02215 Zip Code
4.	TELEPHONE: 617	616-1600 EMAIL	epplm.org
5.	LICENSE NUMBER:	Date current l	icense expires: $6-23-17$
6.	SERVICES (check all the	hat apply)	
	Medical	Substance Abuse	Dental
	Surgical	Physical Rehabilitation ————	Mental Health
	Birth Center ———	Mobile Medical	Transfusion
	Pharmacy	Lithotripsy ————	Limited Services
	HURO NAME OF CLINIC A	ADMINISTRATOR:	of Public Testin number Street

Phonned Parenthood league Clinic Name of Mossachusetts, Inc. Application Date 6-22-17

3.	NAME AND ADDRESS OF ALL SATELLITE LOCATIONS MAINTAINED UNDER LICENSEE:
1.	Name of Clinic: Planned Parenthood League of Mossachusetts - Central MA center
	UTO Pleasant St Worcester, NH 01609 Street: Suite #/Floor City/Zip Code
	Street: Suite #/Floor City/Zip Code
	Telephone Number: 508-854-3300 Days and Hours of Operation: See Alto Nod
	Services offered: Medical, Sugical
	Department of Public Safety Certificate Issued: Fire Certificate Issued:
	Substance Abuse Certificate Issued: N/A
2.	Name of Clinic: Planned Parenthead League of Massachusetts - Western MAT
	3550 Main J+ 54201 Springfield MA 0107 Street: Suite #/Floor City/Zip Code
	Telephone Number: 413-732-1620 Days and Hours of Operation: See Stanfed
	Services offered: Medical, Surgical
	Department of Public Safety Certificate Issued: Fire Certificate Issued:
	Substance Abuse Certificate Issued:
3.	Name of Clinic: Planned Paronthood League of Massachusetts - Fitch burg
	Sq/ Mow St Fitchburg MA OURO Street: Suite #/Floor City/Zip Code
	Telephone Number: 508-854-3300 Days and Hours of Operation: See Allacked
	Services offered: Medical
	Department of Public Safety Certificate Issued: Fire Certificate Issued:
	Substance Abuse Certificate Issued:

Planned Parenthood League
Clinic Name Massachusetts, Inc.
Application Date $6-22-17$

8.				
1.	. Name of Clinic: Paned Panthac	d League C	* Massachus	etts-112/14ore
	91 Main St Street:	C 163 Suite #/Floor	Marloadirem	oh MA O175 uy/Zip Code
	Telephone Number: 508-884-3300	Days and Hours	of Operation:	allached
	Services offered: Medical	***************************************		
	Department of Public Safety Certificate Issu			ued:
	Substance Abuse Certificate Issued:/	A		
	•			
2.	2. Name of Clinic:			
	Street:	Suite #/Floor		City/Zip Code
	Telephone Number:			
	Services offered:			-
	Department of Public Safety Certificate Issu	ued:	_ Fire Certificate Iss	ued:
	Substance Abuse Certificate Issued:			
3.	3. Name of Clinic:			
	Street:	Suite #/Floor		City/Zip Code
	Telephone Number:	_ Days and Hour	s of Operation:	
	Services offered:		. Addition to the second secon	************************************
	Department of Public Safety Certificate Iss	ued:	_ Fire Certificate Is	sued:
	Substance Abuse Certificate Issued:		444.cm	

Greater Boston Health Center

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Open	7:30am	7:30am	7:30am	7:30am	7:30am	7:30am	TEST MCF
Close	7:30pm	7:30pm	7:30pm	7:30pm	7:30pm	3:30pm	ED THE

Central MA Health Center

	Won	Tues	Wed	Thurs	Fri	Sat	Sun
Open	8:00am	8:00am	8:00am	8:00am	8:00am	8:00am	NOT 64:
Close	7:15pm	3:45pm	7:15pm	7:15pm	5:00pm	2:00pm	ter no

Western MA Health Center

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Open	8:00am	8:00am	7:45am	8:00am	7:45am	304-606	#505 : \$546,
Close	5:00pm	8:00pm	5:00pm	8:00pm	5:00pm	923 JBS	ar 20

Fitchburg Health Center

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Open	10:00am	10:00am	on m	10:00am	304 UM	pen stp	en 100
Close	4:00pm	7:30pm	进 医	7:30pm	550 7023	160 PG	tion trop

Marlborough Health Center

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Open	14. NE	Oper Bass	10:00am	52. Win	10:00am	8:00am	520-623
Close	XI/SA	70 69	7:30pm	ALC SHA	4:00pm	1:00pm	flow saxie

(Attach addendum f	for additional si	tes, if applicable)

Planned Clinic Name 118	forenthood League of SSOchesetts, Inc
Application Date	6-22-17

9.	Number of patients per year
	Less than 5,000

5,000 - 25,000 -25,000 - 100,000100,000 -

10. 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.

Federal Identification Number

Note: Your Federal Identification number will be furnished to the Massachusetts Department or Revenue to determine whether you have met tax filing or tax payment obligations. Licensee who fail to correct their nonfiling 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.

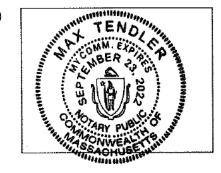
11. Signature and Seal:

I,say that the statements contained in this license app my knowledge.*	, being first duly sworn on oath depose and olication are true, complete and correct to the best of	
		– rized ac Name
	By: Corporate Officer (if applicable)	
oscribed and sworn to before me on this 22	_day ofliene 20_17	

My commission expires on 23 September, 2022

(Seal)

*Note: All information contained in this application must be kept current.



COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES Department of Public Health Bureau of Health Care Safety and Quality 99 Chauncy Street, 11th Floor, Boston, MA 02111-1212 (617) 753-8000

APPLICATION FOR CLINIC LICENSE RENEWAL

		•	Date: A	PRIL 2,2013		
app	accordance with the "Reg plies for a license to estab the General Laws, Chapte	lish and/or maintain a	clinic at the			_
1.	NAME OF LICENSEE	PLANNED PAR	ENTHOOD	LEAGUE of	MASSACHUSETTS, INC.	
2.	NAME OF CLINIC: T	VICES OF GREATER	BOSTON	of MASSACHUS	SETTS PRETERM HEAD	л
•	ADDDDDDD		write same)			
3.	ADDRESS: 1055 Col	MMONWERLTH A				
	Street		City or To	WII	Zip Code	
4.	TELEPHONE: 617	616-1600	_ EMAI	L: @	pplm.org	
5.	LICENSE NUMBER:_	4174	Date curren	nt license expire	s: <u>06/23/2013</u>	
6.	SERVICES (check all t	hat apply)				
	Medical	Substance Abuse	· · · · · · · · · · · · · · · · · · ·	Dental	·	
	Surgical —	Physical Rehabilitati	on	Mental Hea	lth	
	Birth Center ———	Mobile Medical		Transfusion		
	Pharmacy	Radiology (MRI) -		 Limited Ser 	vices	
7.	NAME OF CLINIC	ADMINISTRATOR:				

Clinic Name Planned Parenthesel League of MA, Inc.

Application Date 04/02/2013

8. NAME AND ADDRESS OF ALL SATELLITE LOCATIONS MAINTAINED UNDER LICENSEE:

1.	Name of Clinic: Planned Parenthood League of Massachusetts - Central MA Cer	7
	470 Pleasant Street - Worcester, MA 01609	
	Street: Suite#/Floor City/Zip Code	
	Telephone Number: 508-854-3300 Days and Hours of Operation: Please see attached document	
	Services Offered: Medical: Surgical	
	Department of Public Safety Certificate Issued: 11/15/2011 Fire Certificate Issued: 01/24/2013	
	Substance Abuse Certificate Issued: N/A	
2.	Name of Clinic: Planned Parenthood League of Massachusetts-Western MA Centre	er
	Street: Suite 201 Spicafield, MAO1107 Street: Suite#/Floor City/Zip Code	
	Telephone Number: 413-732-1620 Days and Hours of Operation: Please see attached clocument	
	Services Offered: Medical; Sugical	
	Department of Public Safety Certificate Issued: 05/02/2011 Fire Certificate Issued: 09/12/2012	
	Substance Abuse Certificate Issued: N/A	
3.	Name of Clinic: Planed Parenthood League of Massachusetts - Milford	
	208 Main Street Commercial building, 1st floor Milford, MA 01757 Street: Suite#/Floor City/Zip Code	
	Telephone Number: 508-854-3300 Days and Hours of Operation: Please See attached	
	Services Offered: medical	
	Department of Public Safety Certificate Issued: O4/24/13 Fire Certificate Issued: O6/03/2010	
	Substance Abuse Certificate Issued: N/A	
(At	ttach addendum for additional sites, if applicable)	

8. NAME AND ADDRESS OF ALL **SATELLITE** LOCATIONS MAINTAINED UNDER LICENSEE:

Name of Clinic: Planned Par	Name of Clinic: Planned Farenthand League of Massachusetts - Fitchburg					
391 Main Street	1st Floor	Fitchburg, MA OIL				
Street:	Suite#/Floor	City/Zip Code				
Telephone Number: 508-854-3	Days and Hours of	Operation: Please see attac				
Services Offered: Medical						
Department of Public Safety Certif	icate Issued: <u>04 25 2013</u>	Fire Certificate Issued: <u>67-120</u>				
Substance Abuse Certificate Issued	l: NIA	-				
Name of Clinic: Planned Page	enthood League of Ma	esachusetts - Marlborou				
91 main Street	Suite 103	marlborough, MA				
Street:	Suite#/Floor	City/Zip Code				
Telephone Number: 508-854- Services Offered: Medical	2300 Days and Hours of	Operation: Please see atte				
Department of Public Safety Certif	icate Issued: 04/24/2013	Fire Certificate Issued: OS 10				
Substance Abuse Certificate Issued	I: NIA	_				
Name of Clinic:						
. Ivanie of Chine.						
Street:	Suite#/Floor	City/Zip Code				
Telephone Number:	Days and Hours of	Operation:				
Samuiana Offanad.						
Services Offered:						
Department of Public Safety Certif	icate Issued:	Fire Certificate Issued:				
Substance Abuse Certificate Issued	l:	_				

(Attach addendum for additional sites, if applicable)

Rev. 03/25/13

Clinic Name Planned Parenthood Langue of
Application Date 64/02/13

9.	Number of Outpatients per year: Less than 5,000 ————— 5,000 – 25,000 ————— 25,000 – 100,000 ————— 100,000 -
10.	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.
	rederar identification Number
	Note: Your Federal Identification number will be furnished to the Massachusetts Department or Revenue to determine whether you have met tax filing or tax payment obligations. Licensee who fail to correct their non-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.
11.	Signature and Seal:
	I,, being first duly sworn on oath depose and say that the statements contained in this license application are true, complete and correct to the best of my knowledge.*
	Signature of Applicant (Individual or Person authorized act in behalf of the Individual Applicant) or Corporate Name
	By: Corporate Officer (if applicable)
Su	bscribed and sworn to before me on this 35th day of April 20 13
M	y commission expires on June 7 20 13 (Seal)
No	Commonwealth of Massachusetts My Commission Expires June 7, 2013
*N	Note: All information contained in this application must be kept current.

Rev. 03/25/13



COMMONWEALTH OF MASSACHUSETTS HEALTH CARE QUALITY EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES Department of Public Health

Bureau of Health Care Safety and Quality 99 Chauncy Street, 2nd Floor, Boston, MA 02111-1212 (617) 753-8000

RECEIVED

APPLICATION FOR CLINIC LICENSE RENEWAL

Date: April 27, 2011

In accordance with the "Regulations for the Licensure of Clinic, 105 CMR 140", the undersigned hereby applies for a license to establish and/or maintain a clinic at the premises set forth below under provisions of the General Laws, Chapter 111, Section 51 and 56.

1.	NAME OF LICENSEE	Planned Pa	event hox	Leag	ne of	MA	
	NAME OF CLINIC: -			_	•		
	ADDRESS: 1055			– ,			
3.	ADDRESS: 1000	Commonweal	City or Town	וט ן כטען	Zip	Code	
4.	TELEPHONE: _617.	616-1600	_ FAX:	617. (e16.16	65	
5.	LICENSE TYPE: RENEWAL LICENS	se: <u>X417</u> 4	Date current l	icense expi	res <u>6/2</u>	<u>3/1</u> 1	
6.	SERVICES (check all t	hat apply)		•			
	Medical	Substance Abuse		Dental	· 	<u> </u>	
	Surgical	Physical Rehabilitat	ion	Mental H	ealth		
	Birth Center ———	Mobile Medical	·	Transfusi	on		
	Pharmacy	Radiology (MRI)	· · ·	Limited S	Services _		· .
7.	NAME OF CLINIC	ADMINISTRATOR:	_				

Clinic Name Planned Parenthood League of MA Application Date April 27, 2011

	E AND ADDRESS OF ALL SATELLITE LOCATIONS MAINTAINED UNDER LICENSEING OF MA
Na	
	470 Pleasant Sweet Workster/01609 eet: Suite #/Floor /City/Zip Code
Str	eet: Suite #/Floor /City/Zip Code
Te	lephone Number: 568-854-3300 Days and Hours of Operation:
	vices offered:
De	partment of Public Safety Certificate Issued: 1112/2017 Fire Certificate Issued: 2/22/20
Su	bstance Abuse Certificate Issued:
Na	me of Clinic: Planned Paventhad league of MA
:	3550 Main Street Suite 201 Springfield/01/07
Str	Suite #/Floor City/Zip Code
Те	lephone Number: 413-732-1620 Days and Hours of Operation:
Se	rvices offered:
De	epartment of Public Safety Certificate Issued: 5/26/2009. Fire Certificate Issued: 9/29/201
•	bstance Abuse Certificate Issued:NA
Na	me of Clinic: Planned Parenthood league of MA - PLAN
2 (St	50 Flm Street Suite 109, Davis Square Somervile/ Suite #/Floor City/Zip Code
Te	elephone Number: 617-616-1600 Days and Hours of Operation:
Se	rvices offered:
	epartment of Public Safety Certificate Issued: 526 3 Fire Certificate Issued: 5281
	ibstance Abuse Certificate Issued: N/A

(Attach addendum for additional sites, if applicable)

Clinic Name Planned Parenthood League of MA
Application Date April 27, 2011

8.	NAME AND ADDRESS OF ALL SATELLITE LOCATIONS MAINTAINED UNDER LICENSEE:
1.	Name of Clinic: Planned Parenthood League of MA
	91 Main Street: Marbor Market 52 Street: Suite #/Floor City/Zip Code
	•
	Telephone Number: 508-970-1100 Days and Hours of Operation:
	Services offered:
	Department of Public Safety Certificate Issued: 5/10/2010 Fire Certificate Issued: 5/10/2010
	Substance Abuse Certificate Issued:
2.	Name of Clinic: Planned Parenthond League of MA
	268 Main Street Mifad/01757 Street: Suite #/Floor Clty/Zip Code
	Telephone Number: 508-458-334D Days and Hours of Operation:
	Services offered:
	Department of Public Safety Certificate Issued: 6/3/10 Fire Certificate Issued: 6/3/10
	Substance Abuse Certificate Issued:NA
3.	Name of Clinic: Planned Paventhood league of MA
	39/ Main Street Fithburg/01420
	Street: Suite #/Floor City/Zip Code
	Telephone Number: 976-51 b- 0900 Days and Hours of Operation:
	Services offered:
	Department of Public Safety Certificate Issued: 7/20/10 Fire Certificate Issued: 7/20/10
	Substance Abuse Certificate Issued: N/A
(Δtta	ich addendum for additional sites, if applicable)

Clinic Name Planned Poventhad Leave of MA Application Date April 27, 2011

9.	Number of patients per year: Less than 5,000 5,000 - 25,000 25,000 - 100,000 100,000	•			·	
10.	I certify under the penalties of perjur returns and paid all state taxes requir			ledge and be	lief, have filed all st	ate tax .
	Federal Identification Number			*	e e	
	Note: Your Federal Identification no determine whether you have met tax filing or tax payment obligations. Lie license suspension or revocation. The	filing or tax p censees who	ayment obli fail to correc	gations. Lic t their non-f	ensee who fail to co iling or delinquency	rrect their non- will be subject to
11.	Signature and Seal:				. • •	· · · · ·
	l,say that the statements contained in a iny knowledge.*	ns nochse app			sworn on oath depose te and correct to the	
		is 28th	_		(if applicable)	
	commission expires on	is_ <u>28</u> 11	day of	Apri 1	20 17	
٠	tary Public Ote: All information contained in this	application m	oust be kept o	(Seal).	A KAI GLOVS	Z LES CLAND
			· ·	•	MAN ACHO	SE MANUELLE

COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES Department of Public Health Bureau of Health Care Safety and Quality

99 Chauncy Street, 2nd Floor, Boston, MA 02111-1212 (617) 753-8000

APPLICATION FOR CLINIC LICENSE RENEWAL

In accordance with the "Regulations for the Licensure of Clinic, 105 CMR 140", the undersigned hereby

Date: June 1 2009

	plies for a license to establ the General Laws, Chapter		_	emises set	forth below under provisio	ns
1.	NAME OF LICENSEE:	Planned Par	enthoud	Lead	que of M	
2.	NAME OF CLINIC: $\frac{1}{\sqrt{100}}$	Planned Pare	nthood	Leagu	ve of MA	
3.	ADDRESS: 1055 Street	Commo:	write same) New 144 City or Town	Ave	Buston MA OZZ Zip Code	ک ن
4.	TELEPHONE: 617	616 1600	FAX:	617	616 1675	
5.	LICENSE TYPE: RENEWAL LICENSI	E:	Date current li	cense exp	ires 6/23/09.	7
6.	SERVICES (check all th	at apply)				
	Medical	Substance Abuse		Dental _		
	Surgical	Physical Rehabilitatio	n	Mental H	lealth	
	Birth Center	Mobile Medical	<u> </u>	Transfusi	on	
	Pharmacy	Radiology (MRI) —				
7.	NAME OF CLINIC A	DMINISTRATOR:				

	Planned Paventtwood
Application Da	ate 6/1/09
CATIONS MAI	NTAINED UNDER LICENSI

8. N	AME AND ADDRESS OF ALL SATELLITE LOCATIONS MAINTAINED UNDER LICENSEE:
W.	Name of Clinic: Plannea Parenthood League of MA # 4163
	631 Lincoln St. Worcester, MA 01605 Street: Suite #/Floor City/Zip Code
	Telephone Number: 508.854.3300 Days and Hours of Operation: 4830-4.
	Services offered: Medical Sugarda Suga
	Department of Public Safety Certificate Issued: 220 20 1 Fire Certificate Issued: 421 09
	Substance Abuse Certificate Issued:
12.	Name of Clinic: Planned Parenthood League of MA #4132
	3550 Main Street Suite 201 Springfield, MA 01107 Street: Suite #/Floor City/Zip Code
	Telephone Number: 413.732. 1620 Days and Hours of Operation: West The 8-8
	Services offered: Medical Surgical FR: 7:45-4P
	Department of Public Safety Certificate Issued: 521 18 Fire Certificate Issued: 81808
	Substance Abuse Certificate Issued:
13,	Name of Clinic: Planned Paventhood league of MA
	1055 Commonwealth Are Buston MA 07215 Street: Suite #/Floor City/Zip Code
	Telephone Number: 617-616-1600 Days and Hours of Operation: Wed 7:30-4-62nd
	Services offered: Medical Surgical SAT 7:30 -4 (15+/3)
	Department of Public Safety Certificate Issued: 10 30 Fire Certificate Issued: 3 06 09
	Substance Abuse Certificate Issued:
(Attach	addendum for additional sites, if applicable)

		011110111	
		Application	Date 6103
9.	Number of patients per year: Less than 5,000 5,000 - 25,000 25,000 - 100,000 100,000 -		
10.	I certify under the penalties of perjury that I, to my returns and paid all state taxes required under law		elief, have filed all state tax
	or Federal Identification Number		
	Note: Your social security number will be furnish whether you have met tax filing or tax payment ob payment obligations. Licensees who fail to correct suspension or revocation. This request is made un	ligations. Licensee who their non-filing or delim	o fail to correct their non-filing or tax naquency will be subject to license
11.	Signature and Seal:	,	
			sworn on oath depose and ete and correct to the best of
	my knowledge.*	Planned Pare	nthood league of MA
		Signature of Applican	at (Individual or Person authorized act
		in beha By: Cor	e
Sub	scribed and sworn to before me on this	_day of JUNE	2009
Мχ	commission expires on April 10		_20_15
Not	ary Public	(Seal)	Section of the sectio
	()		
*No	ote: All information contained in this application m	ust be kept current.	
	JESSICA T. SAUNDERS		
	COMMONWEALTH OF MASSACHUSETTS Y Commission Expires April 16, 2015		· · · · · · · · · · · · · · · · · · ·

Clinic Name Planned Parthaul

COMMONWEALTH OF MASSACHUSETTS

Department of Public Health DIVISION OF HEALTH CARE QUALIFYE C 99 Chauncy Street

BOSTON, MA 02111-1212 (617) 753-8000



APPLICATION FOR CLINIC LICENSE RENEWAL DIVISION OF APPLICATION FOR CLINIC LICENSE RENEWAL DIVISION OF CHARLES APPLICATION FOR CLINIC LICENSE RENEWAL DIVISION FOR CLINIC LICENSE APPLICATION FOR CLINIC LICENSE APPLICA

Date: 492007

In accordance with the "Regulations for the Licensure of Clinic, 105 CM	IR 140",	the undersign	ned hereby
applies for a license to establish and/or maintain a clinic at the premises	set forth	below under	provisions
of the General Laws, Chapter 111, Section 51 and 56.			- •

	ille Gelierai Laws, Chaptei	-	_	
1.	NAME OF LICENSEE	Planned Paren	thoud League	of MA
2. .	NAME OF CLINIC P	Lannel Parentha	ood Preterm ite same) Of Green	Health Services Fer Roston
3.	ADDRESS 1055 Street	Common wealth		
	TELEPHONE 617-		• •	• • • • • • • • • • • • • • • • • • • •
5.	LICENSE TYPE: (A) RENEWAL LICEN	ISE Date	current license expires	6/23/2007
6.	SERVICES (check all tha	at apply)		
	Medical	Alcoholism —	Dental	·
	Surgical	Physical Rehabilitation —	Mental Health	
	Birth Center	Mobile Medical ———	Transfusion _	
	Pharmacy	MRI Radiology	_	
7.	NAME OF CLINIC ADM	INISTRATOR		

DPHCQ 136 Rev. 10/05/05

	Clinic Name Planned Parenthon	ال ا
	Application Date 4907	
8. NA	ME AND ADDRESS OF ALL SATELLITE LOCATIONS MAINTAINED UNDER LICENSEE:	
SATE	LLITES:	
1.	Name of Clinic: Planned Parenthood League of MA.	
	631 Lincoln St Worcester MA 01605 Street: Suite #/Floor City/Zip Code	
	Telephone Number (508) 854-3300 Days and Hours of Operation: See at tached	
	Services offered: Medical, Surgical	
	DPS Issued 3 2 2009 Fire Issued 1-16-2007	
	Plant On Hand I was at Ma	
2.	Name of Clinic: Planned Parenthood League of Mr	
	3550 Main Street #201 Springfield MA 0110 Street: Suite #/Floor City/Zip Code	7
	Telephone Number: 413 732 1670 Days and Hours of Operation: See attacked	
	Services offered: Medical, Surgical	
	DPS Issued +117/09 Fire Issued 8/30/2006	
	DPS Issued # 17/09 Fire Issued 8 30 2006	
3.	Name of Clinic:	
	Street: Suite #/Flook City/Zip Code	
	Telephone Number: Days and Hours of Operation:	
	Services offered:	
	DPS Issued: Fire Issued:	
	(Attach addendum for additional sites, if applicable)	

	Clinic Name Planned Pare-Thoud
	Clinic Name Planned Pare-Thoud Application Date 4/9/07
9. Number of	patients per year:
. 5,000 - 25	,000
returns and	nder the penalties of perjury that I, to my best knowledge and belief, have filed all state tax is paid all state taxes required under law.
determine filing or ta	or social security number will be furnished to the Massachusetts Department or Revenue to whether you have met tax filing or tax payment obligations. Licensee who fail to correct their non-tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject suspension or revocation. This request is made under the authority of Mass. G. L. c.62C s.49A.
11. Signature a	and Seal:
	, being first duly sworn on oath depose and statements contained in this license application are true, complete and correct to the best of
my knowle	Planned Parenthood League of MA
	Signature of Applicant (Individual or Person authorized act in behalf of the Individual Applicant) or Corporate Name
	By:
Subscribed and	sworn to before me on this 2nd day of 4mil 19 2007
My commissio	

*Note: All information contained in this application must be kept current.