

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 Parenthood League of Massachusetts, Inc.

2. NAME OF CLINIC: Planned Parenthood League of Massachusetts

3. ADDRESS: 1055 Commonwealth Ave. Boston 02215
(if same, write same)
Street City or Town Zip Code

4. TELEPHONE: 617-616-1600 EMAIL: [REDACTED]@ppim.org

5. LICENSE NUMBER: 4174 Date current license expires: 6-23-19

6. SERVICES (check all that apply)

Medical Substance Abuse _____ Dental APR 23 2019

Surgical Physical Rehabilitation _____ 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: [REDACTED]

Clinic Name Planned Parenthood League 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. Worcester, 01609
Street: Suite #/Floor City/Zip Code
Telephone Number: 508-854-3300 Days and Hours of Operation: See attached
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 center
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 attached
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. Fitchburg, 01420
Street: Suite #/Floor City/Zip Code
Telephone Number: 508-854-3300 Days and Hours of Operation: see attached
Services offered: Medical
Department of Public Safety Certificate Issued: _____ Fire Certificate Issued: _____
Substance Abuse Certificate Issued: N/A

Clinic Name Planned Parenthood League 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 - Marlborough
Street: 91 Main St. Suite #/Floor: Ste. 103 City/Zip Code: Marlborough, 01752
Telephone Number: 508-884-3300 Days and Hours of Operation: See attached
Services offered: Medical
Department of Public Safety Certificate Issued: _____ Fire Certificate Issued: _____
Substance Abuse Certificate Issued: N/A

2. Name of Clinic: _____
Street: _____ Suite #/Floor: _____ City/Zip Code: _____
Telephone Number: _____ Days and Hours 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: _____
Telephone Number: _____ Days and Hours of Operation: _____
Services offered: _____
Department of Public Safety Certificate Issued: _____ Fire Certificate Issued: _____
Substance Abuse Certificate Issued: _____

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

Greater Boston Health Center

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Open	7:30am	7:30am	7:30am	7:30am	7:30am	7:30am	--
Close	7:00pm	7:00pm	7:00pm	7:00pm	7:00pm	3:00pm	--

Central MA Health Center

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Open	8:00am	8:00am	8:00am	8:00am	8:00am	8:00am	--
Close	7:15pm	3:45pm	7:15pm	7:15pm	5:00pm	2:00pm	--

Western MA Health Center

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Open	8:00am	8:00am	7:45am	8:00am	7:45am	--	--
Close	5:00pm	7:30pm	5:00pm	7:30pm	5:00pm	--	--

Fitchburg Health Center

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Open	10:00am	10:00am	--	10:00am	--	--	--
Close	4:00pm	7:30pm	--	7:30pm	--	--	--

Marlborough Health Center

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Open	--	--	10:00am	--	10:00am	8:00am	--
Close	--	--	7:30pm	--	4:00pm	1:00pm	--

(Attach addendum for additional sites, if applicable)

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

- 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 paid all state taxes required under law.

[Redacted]
Federal Identification Number

Note: Your Federal Identification number will be furnished to the Massachusetts Department of 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:

[Redacted], 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.*

[Redacted Signature]

Signature of person authorized act in behalf of _____ Corporate Name

By: _____
Corporate Officer (if applicable)

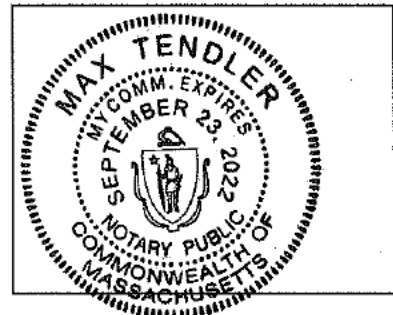
Subscribed and sworn to before me on this 22nd day of April 20 19

My commission expires on 23rd day of September 20 22

Max Tendler

Notary Public

(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: 6-22-17

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 Parenthood League of Massachusetts, Inc.
2. NAME OF CLINIC: Planned Parenthood League of Massachusetts
3. ADDRESS: 1055 Commonwealth Ave ^(if same, write same) Boston 02215
Street City or Town Zip Code
4. TELEPHONE: 617-616-1600 EMAIL: [REDACTED]@pplm.org
5. LICENSE NUMBER: 4174 Date current license expires: 6-23-17

6. SERVICES (check all that apply)

Medical Substance Abuse _____ Dental _____
Surgical Physical Rehabilitation _____ Mental Health _____
Birth Center _____ Mobile Medical _____ Transfusion _____
Pharmacy _____ Lithotripsy _____ Limited Services _____

7. NAME OF CLINIC ADMINISTRATOR: [REDACTED]

MA Dept. of Public Health
99 Chauncy Street
Boston, MA 02111

MA Dept. of Public Health
99 Chauncy Street
Boston, MA 02111

JUN 22 2017

RECEIVED

JUN 22 2017
Rev. 03/25/13

RECEIVED

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

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 Worcester, MA 01609
Street: Suite #/Floor City/Zip Code
Telephone Number: 508-854-3300 Days and Hours of Operation: see attached
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 center
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 attached
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 Fitchburg, MA 01420
Street: Suite #/Floor City/Zip Code
Telephone Number: 508-854-3300 Days and Hours of Operation: see attached
Services offered: Medical
Department of Public Safety Certificate Issued: _____ Fire Certificate Issued: _____
Substance Abuse Certificate Issued: N/A

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

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

1. Name of Clinic: Planned Parenthood League of Massachusetts - Marlborough
91 Main St Ste 103 Marlborough, MA 01752
Street: Suite #/Floor City/Zip Code
Telephone Number: 508-884-3300 Days and Hours of Operation: see attached
Services offered: Medical
Department of Public Safety Certificate Issued: _____ Fire Certificate Issued: _____
Substance Abuse Certificate Issued: N/A

2. Name of Clinic: _____
Street: _____ Suite #/Floor _____ City/Zip Code _____
Telephone Number: _____ Days and Hours 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 _____
Telephone Number: _____ Days and Hours of Operation: _____
Services offered: _____
Department of Public Safety Certificate Issued: _____ Fire Certificate Issued: _____
Substance Abuse Certificate Issued: _____

Greater Boston Health Center

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Open	7:30am	7:30am	7:30am	7:30am	7:30am	7:30am	--
Close	7:30pm	7:30pm	7:30pm	7:30pm	7:30pm	3:30pm	--

Central MA Health Center

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Open	8:00am	8:00am	8:00am	8:00am	8:00am	8:00am	--
Close	7:15pm	3:45pm	7:15pm	7:15pm	5:00pm	2:00pm	--

Western MA Health Center

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Open	8:00am	8:00am	7:45am	8:00am	7:45am	--	--
Close	5:00pm	8:00pm	5:00pm	8:00pm	5:00pm	--	--

Fitchburg Health Center

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Open	10:00am	10:00am	--	10:00am	--	--	--
Close	4:00pm	7:30pm	--	7:30pm	--	--	--

Marlborough Health Center

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Open	--	--	10:00am	--	10:00am	8:00am	--
Close	--	--	7:30pm	--	4:00pm	1:00pm	--

(Attach addendum for additional sites, if applicable)

Planned Parenthood League of
Clinic Name Massachusetts, Inc

Application Date 6-22-17

- 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 paid all state taxes required under law.

Federal Identification Number

Note: Your Federal Identification number will be furnished to the Massachusetts Department of 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 in behalf of _____
Authorized act Name

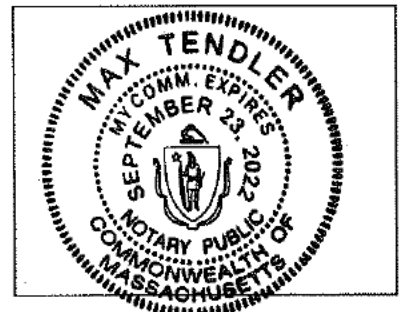
By: _____
Corporate Officer (if applicable)

Subscribed and sworn to before me on this 22 day of June 20 17.

My commission expires on 23 September, 2022 20 _____.

Max Tandler
Notary Public

(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: APRIL 2, 2013

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 PARENTHOOD LEAGUE OF MASSACHUSETTS, INC.

2. NAME OF CLINIC: PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS / PRETERM HEALTH SERVICES OF GREATER BOSTON
(if same, write same)
3. ADDRESS: 1055 COMMONWEALTH AVE BOSTON 02215
Street City or Town Zip Code
4. TELEPHONE: 617-616-1600 EMAIL:  @pplm.org
5. LICENSE NUMBER: 4174 Date current license expires: 06/23/2013
6. SERVICES (check all that apply)
Medical Substance Abuse _____ Dental _____
Surgical Physical Rehabilitation _____ Mental Health _____
Birth Center _____ Mobile Medical _____ Transfusion _____
Pharmacy _____ Radiology (MRI) _____ Limited Services _____
7. NAME OF CLINIC ADMINISTRATOR: 

Clinic Name Planned Parenthood 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 Center

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 Center

3550 Main Street Suite 201 Springfield, MA 01107
Street: Suite#/Floor City/Zip Code

Telephone Number: 413-732-1620 Days and Hours of Operation: Please see attached document
Services Offered: Medical; Surgical

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: Planned 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 document
Services Offered: Medical

Department of Public Safety Certificate Issued: 04/24/13 Fire Certificate Issued: 06/03/2010
Substance Abuse Certificate Issued: N/A

(Attach addendum for additional sites, if applicable)

Clinic Name Planned Parenthood 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 - Fitchburg

391 Main Street 1st Floor Fitchburg, MA 01420
Street: Suite#/Floor City/Zip Code

Telephone Number: 508-854-3300 Days and Hours of Operation: Please see attached document

Services Offered: Medical

Department of Public Safety Certificate Issued: 04/25/2013 Fire Certificate Issued: 07/20/2010

Substance Abuse Certificate Issued: N/A

2. Name of Clinic: Planned Parenthood League of Massachusetts - Marlborough

91 Main Street Suite 103 Marlborough, MA 01752
Street: Suite#/Floor City/Zip Code

Telephone Number: 508-854-3300 Days and Hours of Operation: Please see attached document

Services Offered: Medical

Department of Public Safety Certificate Issued: 04/24/2013 Fire Certificate Issued: 05/10/2010

Substance Abuse Certificate Issued: N/A

3. Name of Clinic: _____

Street: Suite#/Floor City/Zip Code

Telephone Number: _____ Days and Hours of Operation: _____

Services Offered: _____

Department of Public Safety Certificate Issued: _____ Fire Certificate Issued: _____

Substance Abuse Certificate Issued: _____

(Attach addendum for additional sites, if applicable)

(Attach addendum for additional sites, if applicable)

Clinic Name Planned Parenthood League of MA, Inc.

Application Date 04/02/13

- 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.

Federal Identification Number

Note: Your Federal Identification number will be furnished to the Massachusetts Department of 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.*

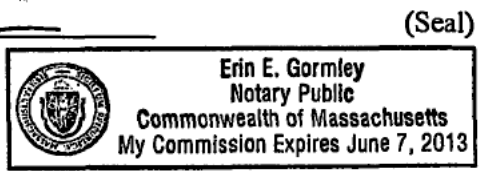
Signature of Applicant (Individual or Person authorized act in behalf of the Individual Applicant) or Corporate Name

By: _____
Corporate Officer (if applicable)

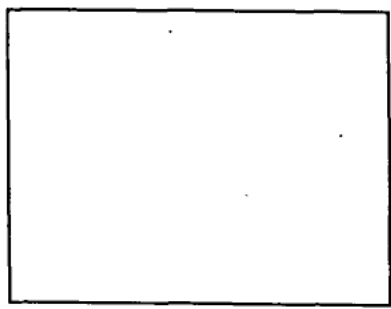
Subscribed and sworn to before me on this 30th day of April 20 13

My commission expires on June 7 20 13

[Signature]
Notary Public



(Seal)



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

(2)

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

HEALTH CARE QUALITY
2011 AP 29 PM 2:31

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 Parenthood League of MA

2. NAME OF CLINIC: Planned Parenthood League of MA


3. ADDRESS: 1055 Commonwealth Avenue ^(if same, write same) BOSTON, MA 02215
Street City or Town Zip Code

4. TELEPHONE: 617.616.1600 FAX: 617.616.1665

5. LICENSE TYPE:
RENEWAL LICENSE: X4174 Date current license expires 6/23/11

6. SERVICES (check all that apply)

- Medical Substance Abuse _____ Dental _____
- Surgical Physical Rehabilitation _____ Mental Health _____
- Birth Center _____ Mobile Medical _____ Transfusion _____
- Pharmacy _____ Radiology (MRI) _____ Limited Services _____

7. NAME OF CLINIC ADMINISTRATOR: 

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

470 Pleasant Street Worcester/01609
Street: Suite #/Floor City/Zip Code

Telephone Number: 508-854-3300 Days and Hours of Operation: _____

Services offered: _____

Department of Public Safety Certificate Issued: 11/2/2009 Fire Certificate Issued: 2/22/2011

Substance Abuse Certificate Issued: N/A

2. Name of Clinic: Planned Parenthood League of MA

3550 Main Street Suite 201 Springfield/01107
Street: Suite #/Floor City/Zip Code

Telephone Number: 413-732-1620 Days and Hours of Operation: _____

Services offered: _____

Department of Public Safety Certificate Issued: 5/26/2009 Fire Certificate Issued: 9/29/2010

Substance Abuse Certificate Issued: N/A

X₃. Name of Clinic: Planned Parenthood League of MA - PLAN

260 Elm Street Suite 109, Davis Square Somerville/02144
Street: Suite #/Floor City/Zip Code

Telephone Number: 617-616-1600 Days and Hours of Operation: _____

Services offered: _____

Department of Public Safety Certificate Issued: 5/25/11 Fire Certificate Issued: 5/2011

Substance 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 Marlborough/01752
Street: Suite #/Floor City/Zip Code

Telephone Number: 508-970-1100 Days and Hours of Operation: _____

Services offered: _____

Department of Public Safety Certificate Issued: 5/10/2010²⁰¹² Fire Certificate Issued: 5/10/2010

Substance Abuse Certificate Issued: N/A

2. Name of Clinic: Planned Parenthood League of MA

208 Main Street Milford/01757
Street: Suite #/Floor City/Zip Code

Telephone Number: 508-458-3300 Days and Hours of Operation: _____

Services offered: _____

Department of Public Safety Certificate Issued: 6/3/10²⁰¹² Fire Certificate Issued: 6/3/10

Substance Abuse Certificate Issued: N/A

3. Name of Clinic: Planned Parenthood League of MA

391 Main Street Fitchburg/01420
Street: Suite #/Floor City/Zip Code

Telephone Number: 978-516-0900 Days and Hours of Operation: _____

Services offered: _____

Department of Public Safety Certificate Issued: 7/20/10²⁰¹² Fire Certificate Issued: 7/20/10

Substance Abuse Certificate Issued: N/A

(Attach addendum for additional sites, if applicable)

Addendum

Clinic Name Planned Parenthood League 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 X _____
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.

[Redacted]
Federal Identification Number

Note: Your Federal Identification number will be furnished to the Massachusetts Department of 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, [Redacted], 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
in behalf of

Authorized act
Name

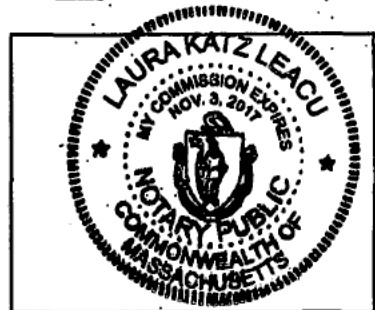
By: _____
Corporate Officer (if applicable)

Subscribed and sworn to before me on this 28th day of April 20 11

My commission expires on NOV 3 20 12

[Signature]
Notary Public

(Seal)



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


2

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

Date: June 1 2009

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 Parenthood League of MA
2. NAME OF CLINIC: Planned Parenthood League of MA
3. ADDRESS: 1055 (if same, write same) Commonwealth Ave Boston MA 02215
Street City or Town Zip Code
4. TELEPHONE: 617 616 1600 FAX: 617 616 1625
5. LICENSE TYPE:
RENEWAL LICENSE: Date current license expires 6/23/09 ⁴⁻
6. SERVICES (check all that apply)
Medical Substance Abuse _____ Dental _____
Surgical Physical Rehabilitation _____ Mental Health _____
Birth Center _____ Mobile Medical _____ Transfusion _____
Pharmacy _____ Radiology (MRI) _____
7. NAME OF CLINIC ADMINISTRATOR: 

Clinic Name Planned Parenthood
Application Date 6/1/09

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

1. Name of Clinic: Planned 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: M 8-5
T 830-4
W 830-730
Th 730-730
F 730-4
Services offered: Medical / Surgical
Department of Public Safety Certificate Issued: 2/20/2010 Fire Certificate Issued: 9/6 SA 730/4/21/09
Substance Abuse Certificate Issued: NA

2. 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: Mon 8-5
Tue 8-8
Wed, Th 7:45-8p
FR 7:45-4p
SAT 7:45-1p
Services offered: Medical / Surgical
Department of Public Safety Certificate Issued: 5/26/08 Fire Certificate Issued: 8/18/08
Substance Abuse Certificate Issued: NA

3. Name of Clinic: Planned Parenthood League of MA
1055 Commonwealth Ave Boston MA 02215
Street: Suite #/Floor City/Zip Code
Telephone Number: 617-616-1600 Days and Hours of Operation: M, T, Th, F 7:30 - 7:15p
Wed 7:30 - 4p (2nd/4th)
Wed 7:30 - 1p (1st/3rd)
SAT 7:30 - 4
Services offered: Medical / Surgical
Department of Public Safety Certificate Issued: 10/30/08 Fire Certificate Issued: 3/06/09
Substance Abuse Certificate Issued: NA

(Attach addendum for additional sites, if applicable)

Clinic Name Planned Parenthood

Application Date 6/1/09

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 paid all state taxes required under law.

[Redacted]

State or Federal Identification Number

Note: 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. 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, [Redacted]

, 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.*

Planned Parenthood League of MA.

Signature of Applicant (Individual or Person authorized act in beha

By: [Redacted]

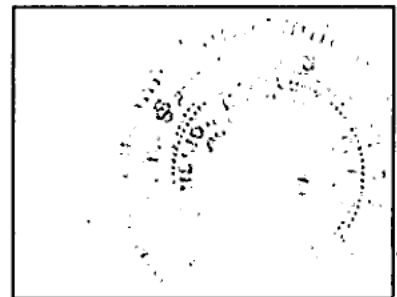
Corporate Officer (if applicable)

Subscribed and sworn to before me on this 1 day of June 2009

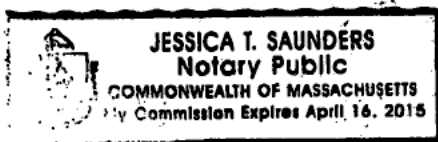
My commission expires on April 16 2015

Jessica T. Saunders
Notary Public

(Seal)

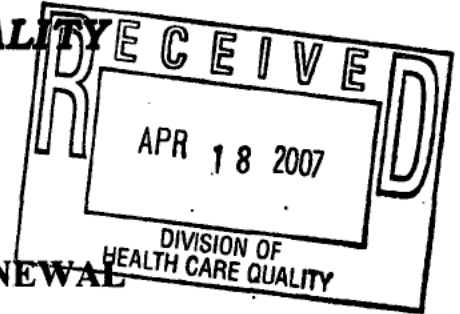


*Note: All information contained in this application must be kept current.



COMMONWEALTH OF MASSACHUSETTS

**Department of Public Health
DIVISION OF HEALTH CARE QUALITY
99 Chauncy Street
BOSTON, MA 02111-1212
(617) 753-8000**



APPLICATION FOR CLINIC LICENSE RENEWAL

Date: 4/9/2007

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 Parenthood League of MA
- 2. NAME OF CLINIC Planned Parenthood / Preterm Health Services
(if same, write same) of Greater Boston
- 3. ADDRESS 1055 Commonwealth Ave Boston, MA 02215
Street City or Town Zip Code
- 4. TELEPHONE 617-616-1600
- 5. LICENSE TYPE:
(A) RENEWAL LICENSE Date current license expires 6/23/2007 *Fee # 4174*
- 6. SERVICES (check all that apply)
 Medical Alcoholism _____ Dental _____
 Surgical Physical Rehabilitation _____ Mental Health _____
 Birth Center _____ Mobile Medical _____ Transfusion _____
 Pharmacy _____ MRI Radiology _____

7. NAME OF CLINIC ADMINISTRATOR 

Clinic Name Planned Parenthood

Application Date 4/9/07

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

SATELLITES:

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 attached

Services offered: Medical, Surgical

DPS Issued 3/2/2009 Fire Issued 1-16-2007

2. Name of Clinic: Planned Parenthood League of MA

3550 Main Street #201 Springfield MA 01107
Street: Suite #/Floor City/Zip Code

Telephone Number: 413 732 1620 Days and Hours of Operation: See attached

Services offered: Medical, Surgical

DPS Issued 4/17/09 Fire Issued 8/30/2006

3. Name of Clinic: _____

Street: _____ Suite #/Floor _____ 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 Parenthood

Application Date 4/9/07

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 paid all state taxes required under law.



or Federal Identification Number

Note: 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. 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.*

Planned Parenthood League of MA

Signature of Applicant (Individual or Person authorized act in behalf of the Individual Applicant) or Corporate Name

By: _____
Corp _____

Subscribed and sworn to before me on this 2nd day of April 19 2007.

My commission expires on June 7 19 2007.

[Signature] (Seal)
Notary Public

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