



**CITY OF SOMERVILLE
BOARD OF ALDERMEN
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600**

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

**AGUACATE VERDE, LLC
13 ELM STREET
SOMERVILLE, MA 02143**

License #: **1062**
Fee: **150.00**
Account ID: **835**
Reference #: **1062**

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)	
Business/DBA Name: AGUACATE VERDE Business Location: 13 ELM ST Business Phone: (617)233-1372		
License Holder: AGUACATE VERDE, LLC 13 ELM STREET SOMERVILLE, MA 02143 (617)233-1372	2013 NOV 21 P 4:30 CITY CLERK'S OFFICE SOMERVILLE, MA	
Mailing Address: AGUACATE VERDE, LLC 13 ELM STREET SOMERVILLE, MA 02143		
PRESIDENT - SILVIA DE LA SOTA SECRETARY - SILVIA DE LA SOTA TREASURER - SILVIA DE LA SOTA		
FID: 274347871		
Food Manager/Emergency Contact: SILVIA DE LA SOTA 617-233-1372		

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-SU 5-10PM SEATS/9PM GOODS**

- 4 SEATS
- 2 TABLES

Description of Location and/or Other Conditions:

I hereby certify under the penalties of perjury that the following is true:

- All information shown above is true and accurate.
- Any changes above are subject to the approval of the BOARD OF ALDERMEN.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: *Silvia De La Sota* Date 11-21-13
 Print Name: S. DE LA SOTA Phone 617 233 1372



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: SILVIA DE LA SOTA

Address of taxpayer/applicant's business in Somerville: AGUACATE VERDE

Address of taxpayer/applicant's home in Somerville: 13 ELM ST

Taxpayer/applicant's phone: day: 617 233 1372 evening: 617 233 1372

I, (print name) SILVIA DE LA SOTA, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 21 day of

NOVEMBER, 20 13. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

N/A # 239021001 # 392 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: AQUACATE VERDE
Address: 13 ELM ST
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-2331372

- I am an employer with 3 employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: THE HARTFORD UNDERWRITES
Address: 2420 LAKE MOUNT AVE
City: ORLANDO State: FL Zip: 32814 Phone #: _____
Policy #: SB38266513 Expiration Date: 5/17/14

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] Date: 8-19-13
Print Name: SIVIA DE LA SOTA

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____
 Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____