



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

Application to Renew Extended Operating Hours License

DOMINO'S PIZZA
7 DESMOND AVE
WATERTOWN MA 02472

CITY CLERK'S OFFICE
SOMERVILLE, MA
License #:
File #:
Fee:

BL15-000928
15-739
550

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: DOMINO'S PIZZA Business Location: 201 ELM ST Business Phone: 617-721-6066	
License Holder: DOMINO'S PIZZA 7 DESMOND AVE WATERTOWN MA 02472	
Mailing Address: DOMINO'S PIZZA 7 DESMOND AVE WATERTOWN MA 02472	
Business Type: Corporation MOHAMMAD SIBAI MOHAMMAD SIBAI MOHAMMAD SIBAI	
FID: 208771916	
Emergency Contact: MOHAMMAD SIBAI Phone: 617-721-6066	
Extended hours for in-store service (specify days and hours): TH TO 1AM, FR-SA TO 2AM Extended hours for take-out service (specify days and hours): Extended hours for delivery service (specify days and hours):	

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: [Signature]

Date: 4/14/2015

Printed Name: Mohammad Sibai

Phone: 617-721-6066



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Farah Enterprises DBA Dominos Pizza

Address of taxpayer/applicant's business in Somerville: 201 Elm St Somerville Ma
02144

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-721-6066 evening: 617-721-6066

I, (print name) Mohammad Sibai, 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 14th day of April, 2015. [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: _____

5055 # 313047031 # 394 # _____

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 Business

Applicant information:

Name: Farah Enterprises dba Domino's Pizza
Address: 201 Elm St
City: Somerville State: Ma Zip: 02144 Phone #: 617-721-6066

- ☒ I am an employer with 60 employees (full and/or part time).
☐ I am a sole proprietor or partnership and have no employees.
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
☐ We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type: ☐ Retail
☒ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Acadia Insurance Co.
Address: P.O. Box 59143 Minneapolis Minnesota 55459-0143
City: Minneapolis State: Minnesota Zip: 55459 Phone #: 605-945-2144
Policy #: WC-20-20-000198-08 Expiration Date: 5/30/2015

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: 4/15/15
Print Name: Mohammad Sibar

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 _____



ASSIGNED RISK SERVICES

Massachusetts Workers' Compensation Insurance Plan

Acadia Insurance Company NCCI Carrier Code 33391

Administered by Berkley Assigned Risk Services

P.O. Box 59143, Minneapolis, Minnesota 55459-0143

Phone (605) 945-2144 Fax (866) 215-8118 Toll Free (800) 634-4589

www.berkleyassignedrisk.com policyservices@berkleyrisk.com

**INFORMATION SCHEDULE
Offer of Renewal**

The Insured:

Farah Enterprise Inc

dba: Dominos Pizza

7 Desmond Ave

Watertown, MA 02472

Normal A/R

Quote Number: WC-20-20-000198-08

Risk ID: 0671019

Tax ID#: F 20-8771916

Policy Period: From: 5/30/2015

To: 5/30/2016

Date of Mailing: 3/20/2015

Changes as set forth below are hereby made, with respect to the estimated remuneration, premium and/or rates.

PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	CLASS CODE	5/30/2015 - 5/30/2016 CLASSIFICATION	ESTIMATED ANNUAL PREMIUM
State: MA				
\$72,430	6.17	7380	Farah Enterprise Inc 671 Massachusetts Ave Arlington MA, 02474 DRIVERS-CHAUFERS-HELPERS-NOC-COMMERC	\$4,469
\$84,324	1.15	9079	RESTAURANT - NOC	\$970
\$12,869	6.17	7380	Farah Enterprise Inc 201 Elm Street Somerville MA, 02144 DRIVERS-CHAUFERS-HELPERS-NOC-COMMERC	\$794
\$198,912	1.15	9079	RESTAURANT - NOC	\$2,287
\$128,184	6.17	7380	Farah Enterprise Inc 1033 Massachusetts Ave Cambridge MA, 02140 DRIVERS-CHAUFERS-HELPERS-NOC-COMMERC	\$7,909
\$27,300	0.08	8810	CLERICAL OFFICE EES-NOC	\$22
\$381,609	1.15	9079	RESTAURANT - NOC	\$4,389

MA

Manual Premium		\$20,840.00
Supplementary Disease		\$0.00
Waiver of Subrogation Factor		\$0.00
Number of Waivers		\$0.00
Increased Limits	1.02	\$417.00
Increased Limits Minimum		\$0.00
Deductible Factor		\$0.00
Subject Premium		\$21,257.00
Experience Modification	0.85	(\$3,189.00)
Merit Rating		\$0.00
Modified Premium		\$18,068.00
Contracting Class Prem Adj Pgm		\$0.00
Standard Premium		\$18,068.00
Supplemental Disease Exposure		\$0.00
ARAP	1.0	\$0.00
Quality Loss Management Prg		\$0.00
Loss Constant		\$0.00
Expense Constant		\$338.00
Terrorism	0.03	\$272.00
Short Rate		\$0.00
Minimum Premium Adjustment		\$0.00
Former Self Insured Charge		\$0.00