

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Extended Operating Hours

License Number: #191174

Business Name: Domino's Pizza

Location: 201 Elm St

Special Conditions (if any): Th to 1AM, Fr-Sa to 2AM, Extended Hours for Deliveries Only

Renewal Fee (Return with this application): \$550

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:	Domino's Pizza
Somerville Address and Zip Code:	201 Elm St Somerville 02145
Phone Number of the Business:	617-629-2929

The Legal Name of the License Holder:	Farah Enterprises Inc dba Domino's Pizza
Street Address of the License Holder:	201 Elm St 02145
City, State and Zip Code of the License Holder:	Somerville Ma 02145
Phone Number of the License Holder:	617-629-2929
Email Address of the License Holder:	msibai@rcn.com

Where We Should Send Mail: Name:	Domino's Pizza
Street Address:	7 Desmond Ave
City, State and Zip Code:	Watertown Ma 02472
Email:	msibai@rcn.com
Phone Number:	617-721-6066

Federal ID # (Do Not Give a Social Security #):	20-8771916
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Emergency Contact and Phone (For Fire Dept. Use):	Mohammad Sibai 617-721-6066
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-OVER-

Type of Business (Check Only One and Give the Names Indicated):

☐ Sole Proprietor: Name of Owner: _____

☐ Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

☐ Trust: Names of All Trustees Who Own More Than 10%: _____

☒ Corporation (inc. LLC): Name of President: Mohammad Sibai

Name of Secretary: _____

Name of Treasurer: _____

Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: _____

Date 4/5/2012



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Farah Enterprises inc. dba Dominos pizza

Address of taxpayer/applicant's business in Somerville: 201 Elm St 02145

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 5th day of April, 2012. [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: _____

20665142 # 401038001 # 451 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: 

RECEIVED

4-9-12

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 Inc dba Domino's Pizza
Address: 201 Elm St
City: Somerville State: Ma Zip: 02145 Phone #: 617-629-2929

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

Workers' compensation insurance information (if applicable):

Insurance Company Name: Acadia Insurance
Address: 222 S 9th St Mpls, MN 55402
City: _____ State: _____ Zip: _____ Phone #: 605-945-2144
Policy #: WC-20-20-000198-04 Expiration Date: 5/30/2012

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: 4/5/2012

Print Name: Mohammad Sibai

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