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

2013 JAN -8 A 8:51
CITY CLERK'S OFFICE
SOMERVILLE, MA

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

License #: 1018

AMETHYST CHIROPRACTIC, PC
259 ELM ST
SUITE 300
SOMERVILLE, MA 02144

Fee: **150.00**
Account ID: **792**
Reference #: **1018**

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: For **AMETHYST CHIROPRACTIC, PC** Business Location: **259 ELM ST** Business Phone: **617-591-9200**	
License Holder: **AMETHYST CHIROPRACTIC, PC** **259 ELM ST** **SUITE 300** **SOMERVILLE, MA 02144** **617-591-9200**	
Mailing Address: **AMETHYST CHIROPRACTIC, PC** **SUITE 300** **SOMERVILLE, MA 02144**	
Business Type: **CORPORATION (INC. LLC)** **PRESIDENT - LINDA SQUIRES** **SECRETARY - LINDA SQUIRES**	
FID: **043305477**	
Food Manager/Emergency Contact: **LINDA SQUIRES**	

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**

1 A-FRAME SIGNS

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: _____ Date 01/07/2013

Print Name: Linda S. Squires D.C. Phone 617-591-9200

IMPORTANT

It's time to renew your Outdoor Seating and Goods license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee and with evidence that 1) your $5,000 Licenses and Permits Bond remains in effect, OR 2) your business liability insurance lists the City as an Additional Insured. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business: Amethyst Chiropractic, P.C.

Somerville Address and Zip Code: 259 Elm St., Ste 300 Somerville, MA 02144

Phone Number of the Business: 617-591-9200

The Legal Name of the License Holder: Linda S. Squires

Street Address of the License Holder: 259 Elm St. Ste 300 Somerville, MA o2144

City, State and Zip Code of the License Holder:

Phone Number of the License Holder: 617-591-9200

Where We Should Send Mail: Name: Amethyst Chiropractic, P.C.

Street Address: 259 Elm Street Suite 300

City, State and Zip Code: Somerville, MA 02144

Federal ID # (Do Not Give a Social Security #): 04-3305477

Emergency Contact and his/her Phone Number: Mary Baker 617-591-9200

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

___Sole Proprietor: Name of Owner:

___Partnership (inc. LLP): Name of Partnership:

Names of All Partners Who Own More Than 10%:

___Trust: Name of Trust:

Names of All Trustees Who Own More Than 10%:

X Corporation: Name of Corporation:

Name of President: Linda S. Squires, D.C.

Name of Secretary: Same Name of Treasurer: Same

___LLC: Name of LLC:

Names of All Managers: Mary Baker Linda S Squires.D.C.

___Other (Attach a Description of the Form of Ownership and the Names of the 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 Licensing Commission.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Linda S Squires DC **Date** 01/07 2013

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Amethyst Chiropractic, P.C.

Address of taxpayer/applicant's business in Somerville: 259 Elm Street, Ste 300

Address of taxpayer/applicant's home in Somerville: N?A

Taxpayer/applicant's phone: day: 617-591-9200 evening: 617-591-9200

I, (print name) Linda S. Squires, D.C., 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 7th day of January, 2013. DC

(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: ___

4950 #31305001 # 259

NOTES:

CLERK'S INITIALS: UB **ORIGINAL STAMP:**

RECEIVED UBanks 1-8-13

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: Amethyst Chiropractic, P.C.

Address: 259 ElM Steet, Suite 300

City: Somerville State: MA Zip: 02144 Phone #: 617-591-9200

- [X] I am an employer with ____ 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
- [X] Health Care
- [ ] Other ____

Workers' compensation insurance information (if applicable):

Insurance Company Name: The Hartford

Address: PO Box 330

City: Clinton State: NY Zip: 13323 Phone #: 866-467-8730

Policy #: 08WECNJ9644 Expiration Date: 02/18/2013

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: _____ Date: 01/07/2013

Print Name: Linda S. Squires, D.C.

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

City or Town: _____ *Permit/License #:* _____

- [ ] *Board of Health*
- [ ] *Building Department*
- [ ] *City/Town Clerk*
- [ ] *Licensing Board*
- [ ] *Selectmen's Office*
- [ ] *Other* _____

Contact Person: _____ *Phone #:* _____

(revised Jan. 2008)