



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

**APPLICATION TO RENEW BILLIARDS AND BOWLING LICENSE**

**DIESEL CAFE, INC.**  
257 ELM STREET  
SOMERVILLE, MA 02144

License #: 712

Fee: 200.00

Account ID: 383

Reference #: 712

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: <b>DIESEL CAFE, INC.</b> Business Location: <b>257 ELM ST</b> Business Phone: <b>617-629-8717</b>	
License Holder: <b>DIESEL CAFE, INC.</b> <b>257 ELM STREET</b> <b>SOMERVILLE, MA 02144</b> <b>617-629-8717</b>	
Mailing Address: <b>DIESEL CAFE, INC.</b> <b>257 ELM STREET</b> <b>SOMERVILLE, MA 02144</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - JENNIFER PARK</b> <b>SECRETARY - TUCKER LEWIS</b> <b>TREASURER - TUCKER LEWIS</b>	
FID: <b>043412158</b>	
Food Manager/Emergency Contact: <b>TUCKER LEWIS</b> <b>857-998-1657</b>	

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

Hours: **MO-SU 5 AM - MIDNIGHT**

**2 BILLIARD 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:  Date MARCH 17 2014

Print Name: TUCKER LEWIS Phone 857 998 1657



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**


Exact name of taxpayer/applicant's business: DIESEL CAFE INC.

Address of taxpayer/applicant's business in Somerville: 257 ELM STREET SOMERVILLE MA 02144

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

Taxpayer/applicant's phone: day: (617) 629-9717 evening: SAME

I, (print name) TUCKER LEWIS, 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 17TH day of MARCH, 20 14.  
  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

<input checked="" type="checkbox"/> Real Estate	<input checked="" type="checkbox"/> Water/Sewer	<input checked="" type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>05227032</u> <sup>194</sup>	# <u>313091001</u>	# <u>30054480</u> <sup>459</sup>	# _____

**NOTES:**

CLERK'S INITIALS: 

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: DIESEL CAFE INC.  
Address: 257 ELM STREET  
City: SOMERVILLE State: MA Zip: 02149 Phone #: (617)629.8717

- I am an employer with 27 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: NORFOLK DEDHAM COMPANY  
Address: 222 AMES STREET  
City: DEDHAM State: MA Zip: 02027 Phone #: (800) 688 1825  
Policy #: #WE077278A Expiration Date: 5/28/14

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: 3/17/14

Print Name: TUCKER LEWIS

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 \_\_\_\_\_