

# IMPORTANT

6-28-12  
CK 19999  
\$120-

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: Pool Table/Bowling Alley

License Number: #191425

Business Name: Diesel Café

Location: 257 Elm St

Pool Tables: 2

Special Conditions (if any):

Renewal Fee (Return with this application): \$60 per Table or Alley

CITY CLERK'S OFFICE  
SOMERVILLE, MA

2012 JUN 28 P 1:03

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business: DIESEL CAFE INC.

Somerville Address and Zip Code: 257 ELM STREET SOMERVILLE MA 02143

Phone Number of the Business: (617) 629 8717

The Legal Name of the License Holder: DIESEL CAFE

Street Address of the License Holder: 257 ELM STREET

City, State and Zip Code of the License Holder: SOMERVILLE MA 02143

Phone Number of the License Holder: (617) 629 8717

Email Address of the License Holder: CLAMSTEW@HOTMAIL.COM

TUCKER LEWIS

155 FATERWEATHER STREET

CAMBRIDGE

MA 02138

(857) 998 1657

Where We Should Send Mail: Name: DIESEL CAFE

Street Address: 257 ELM STREET

City, State and Zip Code: SOMERVILLE MA 02144

Email: CLAMSTEW@HOTMAIL.COM

Phone Number: (617) 629 8717

Federal ID # (Do Not Give a Social Security #): 04 34 12158

Emergency Contact and Phone (For Fire Dept. Use):

TUCKER LEWIS (857) 998 1657 (CELL)

JENNIFER PARK (617) 596 4377 (CELL)

-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: JENNIFER PARK

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 MAY 29 2012



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**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 0214

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

Taxpayer/applicant's phone: day: (617) 629 8717 evening: (857) 998 1657

I, (print name) TUCKER LEWIS OF DIESEL CAFE INC., 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 \_\_\_\_\_ day of

~~CERTIFICATE OF GOOD STANDING~~

\_\_\_\_\_, 20\_\_\_\_.

(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: \_\_\_\_\_

# 052 27032 # 313051001 # 30054480 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: \_\_\_\_\_ ORIGINAL STAMP: \_\_\_\_\_

RECEIVED

**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: DIESEL CAFE INC.  
Address: 257 ELM STREET  
City: SOMERVILLE State: MA Zip: 02144 Phone #: (617) 629 8717

- ☒ I am an employer with 28 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  
☐ Other ☐ 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 #: # WED77278A Expiration Date: 5/28/12

**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: JUNE 4 2012  
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 \_\_\_\_\_