



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

**APPLICATION TO RENEW OUTDOOR SEATING LICENSE**

**REUNION CHRISTIAN CHURCH  
30 THE FENWAY  
BOSTON, MA 02215**

License #: **1017**  
Fee: **150.00**  
Account ID: **791**  
Reference #: **1017**

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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES: (Note below or explain on a separate sheet)</b>
Business/DBA Name: <b>REUNION CHRISTIAN CHURCH</b> Business Location: <b>55 DAVIS SQ</b> Business Phone: <b>617-859-0595</b>	
License Holder: <b>REUNION CHRISTIAN CHURCH 30 THE FENWAY BOSTON, MA 02215 617-859-0595</b>	
Mailing Address: <b>REUNION CHRISTIAN CHURCH 30 THE FENWAY BOSTON, MA 02215</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - HANK WILSON</b> <b>TREASURER - MIKE BROWN</b> <b>SECRETARY - PHILLIP MCARDLE</b>	
FID: <b>205467750</b>	
Food Manager/Emergency Contact: <b>HANK WILSON</b>	

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

Hours: **SUN 9AM-12:30PM ONLY**

**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: Joel Daniels Date 6.24.14  
Print Name: Joel Daniels Phone 617.859.0595

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: REUNION christian Church  
Address: 30 The Fenway, B  
City: Boston State: MA Zip: 02215 Phone #: 617.859.0595

- 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  
 Health Care  
 Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: Church Mutual Insurance Company  
Address: 3000 Schuster Lane  
City: Merrill State: WI Zip: 54452 Phone #: 1800.554.2642  
Policy #: 0228841-02-490863 Expiration Date: 9/8/15

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 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: Joel Daniels Date: 6.24.14  
Print Name: Joel Daniels

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 \_\_\_\_\_



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: REUNION Christian Church

Address of taxpayer/applicant's business in Somerville: 55 Davis Square 02144

Address of taxpayer/applicant's home in Somerville: 77 Monroe St. #2, 02143

Taxpayer/applicant's phone: day: 617.859.0595 evening: 865.748.3224

I, (print name) Joel Daniels, 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 24<sup>th</sup> day of June, 2014. Joel Daniels  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: 7-10-14 INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

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

Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_

# MA      # MA      # N/A      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: JK

ORIGINAL STAMP: 