



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

2013 JAN 17 P 3:00

CITY CLERK'S OFFICE
SOMERVILLE, MA**APPLICATION TO RENEW OUTDOOR SEATING LICENSE**

LDDJ, INC.
DAVE'S FRESH PASTA
79-87 HOLLAND STREET
SOMERVILLE, MA 02144

License #: 1016

Fee: 150.00

Account ID: 451

Reference #: 1016

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 DAVE'S FRESH PASTA Business Location: 79 HOLLAND ST Business Phone: (617)623-0867	
License Holder: LDDJ, INC. DAVE'S FRESH PASTA 79-87 HOLLAND STREET SOMERVILLE, MA 02144 (617)623-0867	
Mailing Address: LDDJ, INC. 79-87 HOLLAND STREET SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) PRESIDENT - DAVID JICK TREASURER - DAVID JICK	
FID: 043255141	
Food Manager/Emergency Contact: DAVID JICK 617-938-1000	

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**

12 SEATS
1 A-FRAME SIGNS
6 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: 1/8/13

Print Name: David Jick Phone: 617 623 0867

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: Dave's Fresh Past
Somerville Address and Zip Code: 81 Hollow St Somerville 02144
Phone Number of the Business: 617 623 0867

The Legal Name of the License Holder: LDDS inc
Street Address of the License Holder: Same
City, State and Zip Code of the License Holder: _____
Phone Number of the License Holder: _____

Where We Should Send Mail: Name: Same
Street Address: _____
City, State and Zip Code: _____

Federal ID # (Do Not Give a Social Security #): 04 3255141

Emergency Contact and his/her Phone Number: Dave Sick 617 623 0867

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%: _____

☒ Corporation: Name of Corporation: LDDS inc

Name of President: Dave Sick

Name of Secretary: Lori Deliso Name of Treasurer: _____

☐ LLC: Name of LLC: _____

Names of All Managers: _____

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: Dave Sick

Date: 11/8/13



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: LD 95 Dave's Fresh Pask

Address of taxpayer/applicant's business in Somerville: 79/81 Holliston St

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617 623 0867 evening: 781 863 6371

I, (print name) Dave Slick, 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 7 day of January, 2013. Dave Slick
(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: _____

07288095 # 36010001 # 676 # _____

NOTES: 7529

CLERK'S INITIALS: [Signature]

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: LDOS inc Dave's Fresh Pasta
Address: 8. Hollow St
City: Somerville State: MA Zip: 02144 Phone #: 617 623 0867

☒ I am an employer with 24 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: MA Retail Merchants WC Group
Address: PO Box 859222 - 9222
City: Braintree State: MA Zip: 02185 Phone #: 800 790 8877
Policy #: 014005030 519113 Expiration Date: 11/14

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: 1/8/13

Print Name: David Tice

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 _____

WORKERS' COMPENSATION INVOICE

MA Retail Merchants WC Group Inc.
PO Box 859222-9222
Braintree, MA 02185

Date of Bill: 12/27/2012
Certificate #: 014005030519113
Division: 00000
Certificate Year: 113

Dave's Fresh Pasta
LDDJ Inc
81 Holland Street
Somerville, MA 02144

Amount Due: \$ 3,698.00
Due Date: 1/14/2013

Due Date	Transaction Description	Amount
	Previous Unpaid Balance	\$.00
1/14/2013	January Billed Contribution	\$ 3,628.00
	Fees Due	\$ 70.00
1/14/2013	Total Amount Due	\$ 3,698.00

5990

Please make checks payable to: MA Retail Merchants WC Group, Inc.
Serviced by: Cove Risk Services, LLC
Direct Inquiries to: (800) 790-8877

TO ENSURE YOUR ACCOUNT IS
CREDITED PROPERLY, INCLUDE
ONLY AMOUNT SHOWN ON INVOICE

Agent: 5960 Association Benefits Insurance Agency
299 Ballardvale St, Suite 1
Wilmington, MA 01887
(000) 000-0000

Please return copy of notice with your remittance.

Make checks payable to: MA Retail Merchants WC Group, Inc.
Date of Bill: 12/27/2012
Dave's Fresh Pasta Certificate #: 014005030519113
81 Holland Street Division: 00000
Somerville, MA 02144 Certificate Year: 113

MA Retail Merchants WC Group Inc.
P.O. BOX 249
Albany, NY 12201

Amount Due: \$ 3,698.00
Due Date: 1/14/2013

Amt Enclosed: _____

01400503051900000113000003628001120000000000002