



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

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

DOM'S MOTOR SERVICE INC
RIVERSIDE
2 UNION SQ
SOMERVILLE, MA 02143

License #: 56

Fee: 150.00

Account ID: 4

Reference #: 56

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 RIVERSIDE Business Location: 2 UNION SQ Business Phone: 617-628-6400	
License Holder: DOM'S MOTOR SERVICE INC RIVERSIDE 2 UNION SQ SOMERVILLE, MA 02143 617-628-6400	
Mailing Address: DOM'S MOTOR SERVICE INC 2 UNION SQ SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - CARLO MAUGINI-HANSEN TREASURER - CARLO MAUGINI-HANSEN	
FID: 042370325	
Food Manager/Emergency Contact: CARLO MAUGINI-HANSEN 978-667-3367	

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**

3 MISCELLANEOUS GOOD

Description of Location and/or Other Conditions:

Misc. Goods: 3 Motorcycles.

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.

X Signature: _____

Print Name: _____

Date _____

Phone _____

2013 JAN - 3 A 11:57
CITY CLERK'S OFFICE
SOMERVILLE, MA

12-26-12

617-628-6400

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: Riverside
Somerville Address and Zip Code: 2 Union Sq. Somerville MA 02143
Phone Number of the Business: 617-628-6400

The Legal Name of the License Holder: Dom's Motor Service
Street Address of the License Holder: 2 Union Sq.
City, State and Zip Code of the License Holder: Somerville MA 02143
Phone Number of the License Holder: 617-628-6400

Where We Should Send Mail: Name: Riverside
Street Address: 2 Union Sq.
City, State and Zip Code: Somerville MA 02143

Federal ID # (Do Not Give a Social Security #): 042370325

Emergency Contact and his/her Phone Number: Carlo Maugini-Hansen 978-667-3367

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: Dom's Motor Service Inc.

Name of President: Carlo Maugini-Hansen

Name of Secretary: _____ 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.

X License Holder Signature: [Signature] Date 12-26-12



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Doms Motor Service, Inc.

Address of taxpayer/applicant's business in Somerville: 2 Union St. 02143

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

Taxpayer/applicant's phone: day: 617-628-6400 evening: 978-667-3367

I, (print name) Carlo Maugini-Hansen, 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 19th day of December, 2012. X [Signature]
(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: _____

08303200 # 123077011 # 08950011 # _____

NOTES: 14979

CLERK'S INITIALS: A

ORIGINAL STAMP:



RECEIVED
1-13-13

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: Doms Motor Service Inc. DBA Riverside
Address: 2 Union Sq.
City: Somerville State: MA Zip: 02143 Phone #: 617-628-6400
☒ I am an employer with 13 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
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: New Hampshire Ins. Co. (Agent Helmsman Man. Serv.)
Address: 70 Pine Street
City: New York State: NY Zip: 10270 Phone #: 800-300-4472
Policy #: 038089077 Expiration Date: 7/1/13

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.

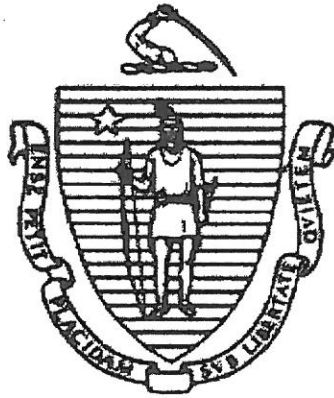
X Signature: [Signature] Date: 12/26/12
Print Name: Carlo Murgin-Hansen

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 _____

File Copy

**NOTICE
TO
EMPLOYEES**



**NOTICE
TO
EMPLOYEES**

The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS

600 Washington Street, Boston, Massachusetts 02111

617-727-4900 - <http://www.mass.gov/dia>

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above-mentioned chapter by insuring with:

New Hampshire Insurance Co.

NAME OF INSURANCE COMPANY

70 Pine Street New York, NY 10270

ADDRESS OF INSURANCE COMPANY

038089077

7/1/2012 - 7/1/2013

POLICY NUMBER

EFFECTIVE DATES

Helmsman Management Services 15 Kings's Grant Dr Bala Cynwyd, PA 03108 800-300-4472

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

ADP TotalSource / Dom's Motor Service, Inc.

5800 Windward Pkwy, Alpharetta, GA 30005

EMPLOYER

ADDRESS

EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY)

DATE

MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

www.talispoint.com/liberty/adp ts/ext

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER