



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2016 MAR - 3 P 4: 54

Application to Renew Billiards and Bowling License

DIESEL CAFE, INC.
257 ELM STREET
SOMERVILLE MA 02144

License #: BL15-000712
File #: 15-383
Fee: 220

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: DIESEL CAFE, INC. Business Location: 257 ELM ST Business Phone: 617-629-8717 ✓ | |
| License Holder: DIESEL CAFE, INC. 257 ELM STREET SOMERVILLE MA 02144 ✓ | |
| Mailing Address: DIESEL CAFE, INC. 257 ELM STREET SOMERVILLE MA 02144 ✓ | |
| Business Type: Corporation JENNIFER PARK <i>Co-owner / President</i> TUCKER LEWIS <i>Co-owner / Secretary</i> TUCKER LEWIS | |
| FID: 043412158 ✓ | |
| Emergency Contact: TUCKER LEWIS Phone: 857-998-1657 ✓ | |
| # of Tables: 2 # of Lanes: 0 ✓ | |

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: *Tucker Lewis* Date: 02/26/16

Printed 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

Address of taxpayer/applicant's business in Somerville: 257 ELM ST

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

Taxpayer/applicant's phone: day: (617) 629-8717 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 26TH day of FEBRUARY, 2016.
(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: _____

_____ # 313084001 # 459 # ✓

NOTES:

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: DIESEL CAFE

Address: 257 ELM ST

City: SOMERVILLE

State: MA

Zip: 02144 Phone #: (617) 629-8717

- ☒ I am an employer with 30 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 c/o DORCHESTER MUTUAL INSURANCE

Address: 222 AMES ST. PO BOX 9109

City: DEDHAM

State: MA

Zip: 02027 Phone #: (800) 688-1825

Policy #: WE077278A

Expiration Date: 05/28/16

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: 02/26/16

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 _____