

APPLICATION FOR EXTENDED OPERATING HOURS

Application Fee \$500.00

Date 3/21/2011

FOR CITY CLERK'S OFFICE ONLY
Date Recorded
Amount Paid

CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 MAR 28 P 2:29:29

- New Application
Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Applicant's Legal Name: Farah Enterprises Inc
Dominos Pizza Phone: 617-629-2929

Applicant's Address (with Zip Code): 201 Elm St Somerville Ma 02144

Applicant's Email Address: msibai@rcn.com

Applicant's Federal Employer Identification Number: 20-877-1916

Business DBA Name (if applicable): Dominos Pizza

Business Location (with Zip Code): 201 Elm St Somerville ma 02144

Mailing Name (where we should send correspondence to): Dominos Pizza

Mailing Address (with Zip Code): 7 Desmond Ave Watertown ma 02472

Emergency Contact: Mohammad Sibai Phone: 617-721-6066

- Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name:

Address with Zip Code:

Partner's/Member's/Secretary's Name:

Address with Zip Code:

Partner's/Member's/Treasurer's Name:

Address with Zip Code:

Extended hours requested (include hours of operation and days of week) \_\_\_\_\_

Sunday -> wed. 11 am - 12 am  
Thursday 11 am - 1 am Friday & Sat. 11 am - 2 am

Type of business Restaurant

Length of time at this location 25 years

**ACKNOWLEDGEMENT**

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: [Signature] Date: 3/2/2011

Print Name: Mohammad Sibai Phone: 617-721-6066

**POLICE DEPT. (for new applicants or applicants further extending their hours):**

The Chief of Police recommends that the application be


Approved

Denied

Signature: \_\_\_\_\_ Name and Title: \_\_\_\_\_

**MASSACHUSETTS DEPARTMENT OF REVENUE  
REVENUE ENFORCEMENT AND PROTECTION (REAP)  
ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.



\_\_\_\_\_  
\*Signature of Individual or Corporate Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

20-8771916

\_\_\_\_\_  
\*\*Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



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: Farah Enterprises dba Dominos Pizza

Address of taxpayer/applicant's business in Somerville: 201 Elm St Somerville

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-721-6066 evening: 617-721-6066

I, (print name) Mohammad Sibai, 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 21<sup>st</sup> day of

March, 20 11. [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: \_\_\_\_\_  
# 20665142      # 401088001      # 20000528      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: **RECEIVED**  
2-28-11

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: Farah Enterprises Inc dba Domino's Pizza  
Address: 201 Elm St  
City: Somerville State: MA Zip: 02144 Phone #: 617-721-6066

- I am an employer with 50 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: Acadia Insurance  
Address: 222 59th Mpls, MN 55402  
City: Minneapolis State: MN Zip: 55402 Phone #: 605-945-2144  
Policy #: WC-20-20-000198-04 Expiration Date: 5/30/2011

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: 3/21/2011  
Print Name: Mohammad Sibai

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