

APPLICATION FOR EXTENDED OPERATING HOURS

Application Fee \$500.00

Date 8/1/11

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 8/3/11 - ms

Amount Paid \$500.00 ck # 7509

CASH SHEET 8/19/11

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name: The Maine Thing Inc. Phone: 617-627-9100

Applicant's Address (with Zip Code): P.O. Box 308 Bowdoinham, ME 04008

Applicant's Email Address: ROB_PRANGE@MAC.COM

Applicant's Federal Employer Identification Number: 61-1370180

Business DBA Name (if applicable): Papa John's Pizza

Business Location (with Zip Code): 622 Somerville Ave, Somerville MA 02143

Mailing Name (where we should send correspondence to): P.O. Box 308

Mailing Address (with Zip Code): Bowdoinham, ME 04008

Emergency Contact: Rob Prange Phone: 207-653-7272

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLD) ☐ 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: Terry Tyler

Address with Zip Code: 2505 Poplar Crest Rd Louisville KY 40207

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

Address with Zip Code: 800 Rugby Place Louisville KY 40222

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

Address with Zip Code: P.O. Box 308 Bowdoinham, ME 04008

Mail to:
29 Sabina
Cruik
Rochester
MA
01512

CITY CLERK'S OFFICE
SOMERVILLE, MA

2011 AUG - 3 A 10:13

Extended hours requested (include hours of operation and days of week) _____

open until 1:30AM Sun - Thurs.

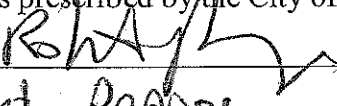
open until 3AM FRI & SAT.

Type of business Pizza delivery + Take out

Length of time at this location 10 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:  Date: 8/1/11

Print Name: Robert Prange Phone: 207-653-7272

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)

**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: The Maine Thing Inc. dba Papa John's Pizz

Address of taxpayer/applicant's business in Somerville: 622 Somerville Ave.

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

Taxpayer/applicant's phone: day: 207-653-7272 evening: _____

I, (print name) Robert Prange, 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 _____ day of

_____, 20____. _____
(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: _____

13684 # 242084001 # NO ACC # _____

NOTES:

CLERK'S INITIALS: U

ORIGINAL STAMP: 

RECEIVED
1-8-03-11

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: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

☐ 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: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

Policy #: _____

Expiration Date: _____

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: _____

Date: _____

Print Name: _____

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

- ☐ Board of Health
- ☐ Building Department
- ☐ City/Town Clerk
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Other _____

Contact Person: _____ Phone #: _____

TRANSMISSION VERIFICATION REPORT

TIME : 08/03/2011 10:28
NAME : CITY CLERKS OFFICE
FAX : 6176254239
TEL : 6176256600
SER.# : BR0L0J224320

DATE, TIME	08/03 10:27
FAX NO./NAME	18668867272
DURATION	00:00:47
PAGE(S)	03
RESULT	OK
MODE	STANDARD
	ECM



CITY OF SOMERVILLE, MASSACHUSETTS
CITY CLERK'S OFFICE
JOSEPH A. CURTATONE
MAYOR

JOHN J. LONG
CITY CLERK

FACSIMILE

To: Robert Prange
At: 866-886-7272
From: Mary Stone
At: 617 625-4239 (Voice: 617 625-6600 x4100)
Date: 8/3/11
Pages: (including this cover sheet) 3

Comments: Please complete these 2 forms + fax back to us.

Thank You,

Mary Stone



CITY OF SOMERVILLE, MASSACHUSETTS

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Thank You,

MARY STONE