



SUBMIT 12/10

CITY OF SOMERVILLE, MASSACHUSETTS  
BOARD OF ALDERMEN

**Docket # 199543**

License/Permit  
Extended Operating Hours License - New

Regular Meeting, July 9, 2015  
Item ID 12117

**SUMMARY: New Extended Operating Hours License, Papa John's Pizza, 622 Somerville Ave, Opening Sun-Thu to 1AM, Fri-Sat to 3AM.**

**COMPLETE TEXT:**

See Attachment.

**RESULT: APPROVED AS AMENDED**  
**AMENDED: Approved for 6 months only.**

~~APPROVED AS AMENDED BY THE BOARD OF ALDERMEN OF THE CITY OF SOMERVILLE, MA, AT A REGULAR MEETING ON THE 9th DAY OF JULY, 2015.~~

ATTEST:

John J. Long, City Clerk

## APPLICATION FOR EXTENDED OPERATING HOURS

Nonrefundable Application Fee \$550.00

FOR CITY CLERK'S OFFICE ONLY	
CITY CLERK'S OFFICE SOMERVILLE, MA	Date Recorded <u>6/16/15</u> Amount Paid <u>\$550.00</u>

Date 6/8/15

- New Application
- Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

622 SOMERVILLE AVE

Phone: 617-629-9191

Business (DBA) Name: PAPA JOHN'S

Applicant's Federal Employer Identification Number: 416-3704689

Applicant's Legal Name: ROBERT NAMIAS / PIZZAIOLATP LLC PO BOX 29737

Applicant's Address (with Zip Code): ~~15 WINDY AVE W WARREN RI 02853~~ HENRICO VA 23242

Mailing Name (where we should send correspondence to): LUS NAMIAS

Mailing Address (with Zip Code): SAME

Emergency Contact: JAIME PICKETT Phone: 801-380-1533

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
2015 JUN 16 P 3:01

Type of Business (Check Only One and Provide the Names Indicated):	
<input checked="" type="checkbox"/> Sole Proprietor: Name of Owner: <u>JAIME PICKETT</u> email <u>papajohnsboston@gmail.com</u> of	
<input type="checkbox"/> Partnership (inc. LLP): Name of Partnership: _____	
Names of All Partners Who Own More Than 10%: _____	
<input type="checkbox"/> Trust: Name of Trust: _____	
Names of All Trustees Who Own More Than 10%: _____	
<input type="checkbox"/> Corporation: Name of Corporation: _____	
Name of President: _____	
Name of Secretary: _____	Name of Treasurer: _____
<input checked="" type="checkbox"/> LLC: Name of LLC: <u>PIZZAIOLATP, LLC</u>	
Names of All Managers Who Own More Than 10%: <u>JAIME PICKETT</u>	
<input type="checkbox"/> Other (Attach a Description of the Form of Ownership and the Names of Owners)	

Business (DBA) Name PAPA JOHN'S

Extended hours requested (include hours of operation and days of week) FOR DELIVERY ~~AND~~  
AND CARRYOUT

~~MON 11-1AM TUE 11AM-1AM WED~~  
MON-THUR 11AM 1AM Fri SAT 11AM-3AM Sun 11am-1am

Type of business PIZZA

Length of time at this location 12 months

**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. 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 Applicant: [Signature] Date: July 8, 15

Print Name: ROSA NAMIAS Phone: 401-304-9660

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

The Chief of Police recommends that the application be

Approved

Denied

Signature: [Signature]

Name and Title: PAUL R. TRANT  
Deputy Chief



# CERTIFICATE OF LIABILITY INSURANCE

PIOLA-1 OP ID: JM

DATE (MM/DD/YYYY)

11/10/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**  
Risk Services Corp.  
P. O. Box 99900  
Louisville, KY 40269-9990  
Joel McHone

**CONTACT NAME:** Joel McHone  
**PHONE (A/C, No, Ext):** 800-267-4876 **FAX (A/C, No):** 502-261-4770  
**E-MAIL ADDRESS:**

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Ohio Security Insurance Co.

INSURER B: Lexington Insurance Company

INSURER C: Security National Ins Co

INSURER D: National Union Fire Ins Co PA

INSURER E:

INSURER F:

**INSURED** Pizzaiola, LLC  
PO Box 29737  
Henrico, VA 23242

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			BZS1556350051	10/20/2014	10/20/2015	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 Emp Ben. \$ 1,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			04542413700	10/20/2014	10/20/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 0			EBU018430226	10/20/2014	10/20/2015	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	SWC1057724	10/20/2014	10/20/2015	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is named as an additional insured with regards to being grantor of the franchise.

**CERTIFICATE HOLDER**

PAPJ0-1

Papa John's International, Inc  
P.O. Box 99900  
Louisville, KY 40269-0900

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
Joel McHone



City of Somerville, Massachusetts  
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: JAIME PICKETT

Address of taxpayer/applicant's business in Somerville: 622 SOMERVILLE AVE SOMERVILLE MA

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

Taxpayer/applicant's phone: day: 804-380-483 evening: 804-380-1533

I, (print name) JAIME PICKETT, 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 6 day of Jun, 20 15. JP  
(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: \_\_\_\_\_  
# 1108      # 242094001 # 2015      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:  UBancus  
8-8-15

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: JAIME PCKAT / Pizzaglia LLC  
 Address: P.O. Box 29737  
 City: Herndon State: VA Zip: 23242 Phone #: 804-380-1533

- I am an employer with 15 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 PIZZA SHOP

Workers' compensation insurance information (if applicable):

Insurance Company Name: RISK SAV CO  
 Address: P.O. Box 99900  
 City: Louisville KY State: KY Zip: 40269 Phone #: 800-267-4876  
 Policy #: B251556350051 Expiration Date: 10/20/15

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: 6/9/15  
 Print Name: ROSELYN NAMIAS

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 #: \_\_\_\_\_



**William Francis Galvin**  
 Secretary of the Commonwealth of Massachusetts

## Corporations Division

### Business Entity Summary

**ID Number:** 001117631

[Request certificate](#)

[New search](#)

**Summary for:** PIZZAIOLATP, LLC

**The exact name of the Foreign Limited Liability Company (LLC):** PIZZAIOLATP, LLC

**Entity type:** Foreign Limited Liability Company (LLC)

**Identification Number:** 001117631

**Date of Registration in Massachusetts:** 10-01-2013

**Last date certain:**

**Organized under the laws of:** State: VA Country: USA on: 09-12-2013

**The location of the Principal Office:**

Address: 622 SOMERVILLE AVE

City or town, State, Zip code, SOMERVILLE, MA 02143 USA  
 Country:

**The location of the Massachusetts office, if any:**

Address:

City or town, State, Zip code,  
 Country:

**The name and address of the Resident Agent:**

Name: WILLIAM STAHFIELD

Address: 622 SOMERVILLE AVE

City or town, State, Zip code, SOMERVILLE, MA 02143 USA  
 Country:

**The name and business address of each Manager:**

Title	Individual name	Address
MANAGER	JAIME K. PICKETT	P.O.BOX 29737 HENRICO, VA 23242 USA

**The name and business address of the person(s) authorized to execute, acknowledge, deliver, and record any recordable instrument purporting to affect an interest in real property:**

Title	Individual name	Address
REAL PROPERTY	JAIME PICKETT	P.O. BOX 29737 HENRICO, VA 23242 USA
REAL PROPERTY	MICHAEL SANWALD	P.O. BOX 29737 HENRICO, VA 23242 USA
REAL PROPERTY	KEITH MORIN	26 DIXON WAY SEABROOK, NH 03874 USA