



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

**APPLICATION TO RENEW OUTDOOR SEATING LICENSE**

**TERRANOVA, INC.  
MIKE'S RESTAURANT  
8-9 DAVIS SQUARE  
SOMERVILLE, MA 02144**

License #: **1009**  
Fee: **.00**  
Account ID: **371**  
Reference #: **1009**

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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES: (Note below or explain on a separate sheet)</b>
Business/DBA Name: <b>MIKE'S RESTAURANT</b> Business Location: <b>8 DAVIS SQ</b> Business Phone: <b>(617)628-2379</b>	
License Holder: <b>TERRANOVA, INC. MIKE'S RESTAURANT 8-9 DAVIS SQUARE SOMERVILLE, MA 02144 (617)628-2379</b>	
Mailing Address: <b>TERRANOVA, INC. MIKE'S RESTAURANT 8-9 DAVIS SQUARE SOMERVILLE, MA 02144</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>SECRETARY - JOHN TERRANOVA</b> <b>TREASURER - JOHN TERRANOVA</b> <b>PRESIDENT - RAYMOND TERRANOVA</b>	
FID: <b>042889647</b>	
Food Manager/Emergency Contact: <b>RAYMOND TERRANOVA</b>	

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**

**16 SEATS  
8 TABLES**

Description of Location and/or Other Conditions:

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: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone \_\_\_\_\_

2015 MAR -9 P 1:11  
 CITY CLERK'S OFFICE  
 SOMERVILLE, MA



\*SURETY BONDS\*

United Casualty and Surety Insurance Company  
1250 Hancock Street, Suite 803N, Quincy, Massachusetts 02169

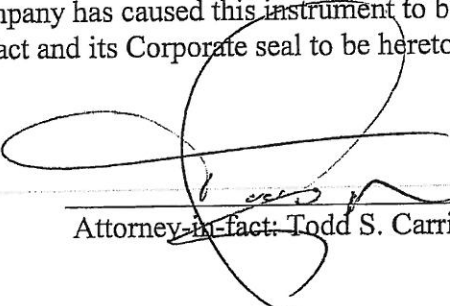
## CONTINUATION CERTIFICATE

**BOND NO:** 001907  
**BOND TYPE:** License & Permit Bond  
**ISSUED ON BEHALF OF:** Raymond Terranova  
**IN THE AMOUNT OF:** \$5,000.00  
**ISSUED IN FAVOR OF:** City of Somerville-  
Mike's Restaurant  
9 Davis Square, Somerville, MA  
**ISSUED ON:** April 17, 2003

Continues in force for the (extended) term ending on *January 1, 2016* subject to all the covenants and conditions of said bond.

This continuation is executed upon the express condition that the Company's liability shall not be cumulative and shall be limited at all times by the amount of penalty stated in the bond.

IN WITNESS WHEREOF, the Company has caused this instrument to be signed by its duly authorized Attorney-in-fact and its Corporate seal to be hereto affixed this 26th day of February, 2015.

  
Attorney-in-fact: Todd S. Carrigan

**Db ref: 001907RW0115**



CITY OF SOMERVILLE, MASSACHUSETTS

Treasury Department

JOSEPH A. CURTATONE

MAYOR

CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: MIKES Restaurant

BUSINESS LOCATION: 9 DAVIS Square AND/OR

TAXPAYER'S HOME ADDRESS: \_\_\_\_\_

TAXPAYER/APPLICANT PHONE: DAY: \_\_\_\_\_ EVENING: \_\_\_\_\_

BUSINESS NAME: MIKES Restaurant

BUSINESS ID NUMBER: \_\_\_\_\_ BUSINESS PHONE: 617 628 2379

I (print name) Mana Carrasco, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville 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: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S)

\*\*REAL ESTATE ID 4550 \*\*WATER/SEWER ID 661076001 \*\*PERSONAL PROPERTY 366 \*\*OTHER \_\_\_\_\_

NOTES:

CLERKS INITIALS: LB BUSINESS or BUILDING PERMIT ORIGINAL STAMP



RECEIVED  
LB Carrasco  
12-3-14

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:** Ferranwa Inc dba Mike Restaurant  
Name: 9 Davis Square  
Address: Somerville, MA 02144  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: 017 628 2379

I am an employer with 18 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: Mass Insurance  
Address: 263 PLM St  
City: Somerville State: MA Zip: 02144 Phone #: \_\_\_\_\_  
Policy #: 4857P217 Expiration Date: 10/31/15

**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: \_\_\_\_\_  
Print Name: Nana Green

*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 \_\_\_\_\_