



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

2012 NOV 28 P 3:00

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**APPLICATION TO RENEW OUTDOOR SEATING LICENSE**

**DAVIS SQUARE FOOD SERVICES, INC.  
BOSTON BURGER COMPANY  
37 DAVIS SQUARE  
SOMERVILLE, MA 02144**

License #: **1010**  
Fee: **150.00**  
Account ID: **686**  
Reference #: **1010**

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: For <b>BOSTON BURGER COMPANY</b> Business Location: <b>37 DAVIS SQ</b> Business Phone: <b>(617)623-6700</b>	
License Holder: <b>DAVIS SQUARE FOOD SERVICES, INC. BOSTON BURGER COMPANY 37 DAVIS SQUARE SOMERVILLE, MA 02144 (617)623-6700</b>	
Mailing Address: <b>DAVIS SQUARE FOOD SERVICES, INC. 37 DAVIS SQUARE SOMERVILLE, MA 02144</b>	
Business Type: <b>CORPORATION (INC. LLC) PRESIDENT - CHARLES SILLARI SECRETARY - CHARLES SILLARI</b>	
FID: <b>043566534</b>	
Food Manager/Emergency Contact: <b>CHARLES SILLARI</b> <b>617-628-1110</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**

- 10 SEATS
- 1 A-FRAME SIGNS
- 5 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: Paul Malvone Date 11/15/12

Print Name: PAUL MALVONE Phone 617-440-7361

# IMPORTANT

It is time to renew your license issued by the Somerville Licensing Commission. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the 6 boxes below with the correct information, so we can update our records, and return all of the pages with your fee to Jenneen Pagliaro, City Clerk's Office. Call 617 625-6600 x4108 if you have any questions.

The DBA Name of the Business: BOSTON BURGER CO.  
Somerville Address and Zip Code: 37 DAVIS SQ 02144  
Phone Number of the Business: 617-440-7361

The Legal Name of the License Holder: DAVIS SQUARE FOOD SERVICES  
Street Address of the License Holder: 37 DAVIS SQUARE  
City, State and Zip Code of the License Holder: SOMERVILLE MA. 02144  
Phone Number of the License Holder: \_\_\_\_\_  
Email Address of the License Holder: INFO@BOSTONBURGERCO.COM

Where We Should Send Mail: Name: BOSTON BURGER CO.  
Street Address: 37 DAVIS SQ  
City, State and Zip Code: SOMERVILLE MA. 02144

Federal ID # (Do Not Give a Social Security #): 043566534

Food Manager: PAUL MALVONE

Type of Business (Check Only One and Give the Names Indicated):  
 Sole Proprietor: Name of Owner: \_\_\_\_\_  
 Partnership (inc. LLP): Name of Partnership: \_\_\_\_\_  
Names of All Partners Who Own More Than 10%: \_\_\_\_\_  
 Trust: Name of Trust: \_\_\_\_\_  
Names of All Trustees Who Own More Than 10%: \_\_\_\_\_  
 Corporation: Name of Corporation: DAVIS SQ FOOD SERVICES  
Name of President: CHARLES SILLANI  
Name of Secretary: \_\_\_\_\_ Name of Treasurer: \_\_\_\_\_  
 LLC: Name of LLC: \_\_\_\_\_  
Names of All Managers: \_\_\_\_\_  
Other (Attach a Description of the Form of Ownership and the Names of Owners)

**ACKNOWLEDGEMENT:** 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 Somerville Board of Aldermen.  
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Charles J. Sillani Jr Date 4/27/12



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

1. Exact name of taxpayer/applicant's business: DAVIS SAUBAU KOOB SERVICES
2. Address of taxpayer/applicant's business in Somerville: 37 DAVIS SA. (3 Holland)
3. Address of taxpayer/applicant's home in Somerville: NO
4. Taxpayer/applicant's phone: day: 617-440-7361 evening: \_\_\_\_\_

I, Paul Mahone, 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 15 day of NOVEMBER, 20 12. Paul Mahone  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>7508</u>	# <u>30205100</u>	# <u>416</u>	# _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

**RECEIVED**  
11-27-12

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: BOSTON BUNGER  
Address: 37 DAVIS SQ.  
City: SOMERVILLE State: MA. Zip: 02149 Phone #: 617-440-2361

- I am an employer with 16 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  
Address: 222 AMES ST.  
City: DEDHAM State: MA. Zip: 02026 Phone #:  
Policy #: WE095031A Expiration Date: 11/13/2013

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: 11/15/12  
Print Name: PAUL MALVONO

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 \_\_\_\_\_