



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Billiards and Bowling License

FLATBREAD SOMERVILLE INC
45 DAY STREET
SOMERVILLE MA 02144

2016 MAR 24 P 12:58

CITY CLERK'S OFFICE
SOMERVILLE, MA
License #: BL15-000872

File #: 15-242
Fee: 1100

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: FLATBREAD COMPANY AT SACCO'S BOWL HAVEN Business Location: 45 DAY ST Business Phone: 617-776-0552	
License Holder: FLATBREAD SOMERVILLE INC 45 DAY STREET SOMERVILLE MA 02144	
Mailing Address: FLATBREAD SOMERVILLE INC 45 DAY STREET SOMERVILLE MA 02144	
Business Type: Corporation JAY GOULD JOHN MEEHAN PAUL GAGLIARDI	
FID: 264663936	
Emergency Contact: EVAN FETRAS Phone: 603-793-5959	
# of Tables: 0 # of Lanes: 10	

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: Evan Petras

Date: 2.24.16

Printed Name: Evan Petras

Phone: 603 793 5959



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Flatbread Somerville

Address of taxpayer/applicant's business in Somerville: 45 Day St

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

Taxpayer/applicant's phone: day: 603 793 5959 evening: _____

I, (print name) Evan Felas, 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 24th day of February, 2016. [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: _____

4601 # 322043011 # 397 # _____ ✓

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

Received
3-24-16

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: Flatbread Company Somerville (Evan Petras)
Address: 45 Day St
City: Somerville State: MA Zip: 02144 Phone #: 617 776 0552

- ☒ I am an employer with 40 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: Ith Hartford
Address: 7 Hartford Plaza
City: Hartford State: CT Zip: 06155 Phone #: 800 327 3676
Policy #: 08WEC LD7881 Expiration Date: 2.17

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: 2.24.16

Print Name: Evan Petras

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 _____