

**APPLICATION FOR A BILLIARD/POOL TABLE
& BOWLING ALLEY LICENSE**

Application Fee \$60.00 per table or alley

Date 3-22-2011

FOR CITY CLERK'S OFFICE ONLY

Date Recorded

Amount Paid

CITY CLERK'S OFFICE
SOMERVILLE, MA

2011 MAR 23 P 2:17

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name: AOD, INC
ON THE HILL TAVERN Phone: 617 629-5302

Applicant's Address (with Zip Code): 499 BROADWAY, Somerville 02144

Applicant's Email Address: BOB @ ON THE HILL TAVERN . COM

Applicant's Federal Employer Identification Number: 04-3766634

Business DBA Name (if applicable): ON THE HILL TAVERN

Business Location (with Zip Code): 499 BROADWAY Somerville 02144

Mailing Name (where we should send correspondence to):

Mailing Address (with Zip Code):

Emergency Contact: TIM TADDIA Phone: 617 543 2219

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ 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: Robert Antonelli

Address with Zip Code: 22 Robin Road WAKEFIELD, 01880

Partner's/Member's/Secretary's Name: TIMOTHY TADDIA

Address with Zip Code: 50 WHEATLAND ST. Somerville 02144

Partner's/Member's/Treasurer's Name: Deena MAZZA - DENISCO

Address with Zip Code: 105 Cleveland Ave EVERETT 02149

Number to be licensed: _____ Billiard Tables 3 Pool Tables _____ Bowling Alleys

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: [Signature] Date: 3-22-2011
Print Name: Robert A. Antonelli Phone: 617 629-5302

FOR NEW APPLICANTS OR APPLICANTS ADDING TABLES OR ALLEYS:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The Inspectional Svcs. Dept. recommends that the application be: _____ Approved _____ Denied

Signature _____ Date _____

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be: _____ Approved _____ Denied

Signature _____ Date _____

**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.

400, Inc

*Signature of Individual or Corporate Name (Mandatory)

James A. Cunnell

By: Corporate Officer (Mandatory, if a corporation)

04-3766634

**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: 400, INC.
Address of taxpayer/applicant's business in Somerville: 499 BROADWAY Somerville
Address of taxpayer/applicant's home in Somerville: 50 Wheeland St Somerville
Taxpayer/applicant's phone: day: 617 629-5302 evening: 617 543-2219

I, (print name) Robert Antonello, 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 22 day of

March, 20 11. [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: _____

1342690 # _____ # 30052070 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: [Stamp]

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: AOD, INC
Address: 499 BROADWAY
City: Somerville State: Ma Zip: 02144 Phone #: 617 629-5302

- ☒ 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: The Hartford
Address: 301 Woods Park Drive
City: CLINTON State: NY Zip: 13323 Phone # 800-962-6170
Policy #: 08 WEC AA6049 Expiration Date: 7/13/2011

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: Robert A. Antonelli Date: 3/22/2011
Print Name: Robert A. Antonelli

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 _____