



**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: **150.00**
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.

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

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: Marie Ceron Phone _____

2013 SEP -4 P 2:45
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

UC&S

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

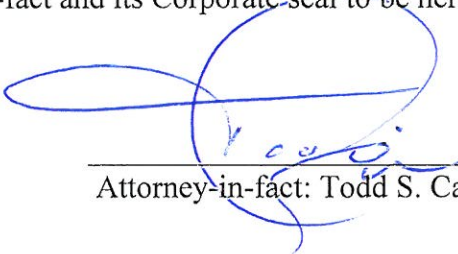
ISSUED IN FAVOR OF: City of Somerville –
Mike's Restaurant
9 Davis Square, Somerville, MA

ISSUED ON: April 17, 2003

Continues in force for the (extended) term ending on *April 17, 2014* 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 11th day of April, 2013.



Attorney-in-fact: Todd S. Carrigan

Db ref: 001907RW0413



CITY OF SOMERVILLE, MASSACHUSETTS

Treasury Department

JOSEPH A. CURTATONE

MAYOR

CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE:

BUSINESS LOCATION: 5-9 DAVIS SQ AND/OR

TAXPAYER'S HOME ADDRESS: _____

TAXPAYER/APPLICANT PHONE: DAY: _____ EVENING: _____

BUSINESS NAME: _____

BUSINESS ID NUMBER: _____ BUSINESS PHONE: _____

I (print name) _____, 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: 7/18/13

TAXES AND ACCOUNT NUMBER(S)

**REAL ESTATE ID

**WATER/SEWER ID

**PERSONAL PROPERTY

**OTHER

4491

661076001

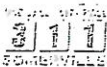
414

NOTES:

CLERKS INITIALS: MA

BUSINESS or BUILDING PERMIT

ORIGINAL STAMP



Somerville City Hall • 93 Highland Avenue • Somerville, Massachusetts 02143
(617) 625-6600, Ext. 3500 • TTY: (617) 666-0001 • Fax: (617) 666-9682
www.somervillema.gov



RECEIVED

[Signature]

7/18/13

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: Ferranda Inc dba Mike's Restaurant
 Address: 9 Davis St
 City: Somerville State: MA Zip: 02144 Phone #: 617 628 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 / Travelers Insurance
 Address: elm st
 City: Somerville State: MA Zip: 02144 Phone #: _____
 Policy #: 6KUB-4857P21-7-12 Expiration Date: _____

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: [Handwritten Signature] Date: _____
 Print Name: Maria Teran

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 _____



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

TYPE AR INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: (6KUB-4857P21-7-12)

RENEWAL OF (6KUB-4857P21-7-11)

INSURER: THE TRAVELERS INDEMNITY COMPANY

NCCI CO CODE: 11347

1.

INSURED:

TERRANOVA INC. DBA MIKES
RESTAURANT
9 DAVIS SQUARE
SOMERVILLE MA 02144

PRODUCER:

MASSACHUSETTS INS AGCY
263 ELM STREET
DAVIS SQUARE
SOMERVILLE MA 02144

Insured is A CORPORATION

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 11-20-12 to 11-20-13 12:01 A.M. at the insured's mailing address.

3. A. **WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

MA

B. **EMPLOYERS LIABILITY INSURANCE:** Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident:	\$	100000	Each Accident
Bodily Injury by Disease:	\$	500000	Policy Limit
Bodily Injury by Disease:	\$	100000	Each Employee

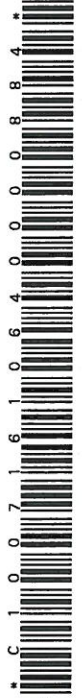
C. **OTHER STATES INSURANCE:** Part Three of the policy applies to the states, if any, listed here:

COVERAGE REPLACED BY ENDORSEMENT WC 20 03 06A

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made ANNUALLY.



DATE OF ISSUE: 11-29-12 DG
OFFICE: ORLANDO INDUS AFF 161
PRODUCER: MASSACHUSETTS INS AGCY

ST ASSIGN: MA

2682T