

APPLICATION FOR A BILLIARD/POOL TABLE
& BOWLING ALLEY LICENSE

Application Fee \$60.00 per table or alley

Date

☒ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

FOR CITY CLERK'S OFFICE SOMERVILLE, MA
Date Recorded
Amount Paid \$180.00 3 Pool Tables

75.00 Public Hearing Notice

Business Name: 381 SUMMER ST. RESTAURANT INC. Phone: 617-666-6015

Business DBA Name (if applicable): ROSEBUD

Address with Zip Code: 381 SUMMER ST. 02144

Tax Identification Number: 043231131 Check one: ☐ SSN ☒ FEIN

Mailing Name (where we should send correspondence to): ROSEBUD

Address with Zip Code: 381 SUMMER ST. SOMERVILLE MA 02144

Property Owner Name: EVAGELIOS B. NICHOLS Phone: 617-789-3622

Address with Zip Code: 41 ASHFORD ST. ARLINGTON MA 02134

Emergency Contact 1: WILLIAM NICHOLS Phone: 617-440-6284

Emergency Contact 2: CHRISTINA NICHOLS Phone: 781-646-0622

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: EVAGELIOS B. NICHOLS (8112126)

Address with Zip Code: 41 ASHFORD ST. ARLINGTON MA 02134

Partner's/Member's/Secretary's Name: WILLIAM NICHOLS (9123152)

Address with Zip Code: 72 HODGE RD ARLINGTON MA 02474

Partner's/Member's/Treasurer's Name: EVAGELIOS B. NICHOLS

Address with Zip Code: 41 ASHFORD ST. ARLINGTON MA 02134

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:

Evangelos B. Nichols

Date:

MAY 3, 2010

Print Name:

EVANGELOS B. NICHOLS

Phone:

617-389-3622

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

Eddie Nggo

Date

5-4-10

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be:

☒ Approved

☐ Denied

Signature

Chief Michael S. Cabral

Date

5/5/2010

2010 MAY -4 PM 2:2
CITY OF SOMERVILLE
I.S.D.



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: 381 SUMMER STREET RESTAURANT INC.

Address of taxpayer/applicant's business in Somerville: 381 SUMMER STREET

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

Taxpayer/applicant's phone: day: 617-666-6015 evening: 617-789-3622

I, (print name) EVANGELOS B. NICHOLS, 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 3 day of May, 20 10. Evangelos B. Nichols
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input checked="" type="checkbox"/> Real Estate	<input checked="" type="checkbox"/> Water/Sewer	<input checked="" type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>13453167</u>	# <u>315037001</u>	# <u>30051092</u>	# _____

NOTES:

CLERK'S INITIALS: C

ORIGINAL 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: 381 SUMMER ST. RESTAURANT INC. D/B/A ROSEBUD
Address: 381 SUMMER ST.
City: BOMENVILLE State: MA Zip: 02144 Phone #: 617-666-6015

- ☐ I am an employer with 12⁽¹⁾ employees Business Type: ☐ Retail
☐ (full and/or part time). ☒ Restaurant/Bar/Eating Establishment
☐ I am a sole proprietor or partnership and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Nonprofit
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: AIG SPECIALTY WORKERS' COMPENSATION
Address: 5 WOOD HOLLOW P.O. Box 409
City: PARSIPPANY State: N.J. Zip: 07054-0409 Phone #: 800-742-6363
Policy #: WC 9873604 Expiration Date: 8-23-10

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: Evangelos B. Nichols Date: MAY 3, 2010
Print Name: EVANGELOS B. NICHOLS

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

**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.

381 SOMMER STREET RESTAURANT INC.
*Signature of Individual or Corporate Name (Mandatory)

Ernest B. Butler
By: Corporate Officer (Mandatory, if a corporation)

043231131 043231131
**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.