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

CITY CLERK'S OFFICE
SOMERVILLE, MA
2014 DEC -2 A 10:24

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

License #: **879**

ALPINE RESTAURANT GROUP INC
PIZZERIA POSTO
187 ELM ST
SOMERVILLE, MA 02144

Fee: **.00**
Account ID: **237**
Reference #: **879**

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: **PIZZERIA POSTO** Business Location: **187 ELM ST** Business Phone: **617-625-0600**	
License Holder: **ALPINE RESTAURANT GROUP INC** **PIZZERIA POSTO** **187 ELM ST** **SOMERVILLE, MA 02144** **617-625-0600**	
Mailing Address: **ALPINE RESTAURANT GROUP INC** **PIZZERIA POSTO** **187 ELM ST** **SOMERVILLE, MA 02144**	
Business Type: **CORPORATION (INC. LLC)** **PRESIDENT - JOSEPH CASSINELLI** **SECRETARY - JOSEPH CASSINELLI** **TREASURER - JOSEPH CASSINELLI**	Restaurant
FID: **270628136**	
Food Manager/Emergency Contact: **JOSEPH CASSINELLI** **508-479-9361**	

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**

20 SEATS
10 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 11/26/14

Print Name: Joseph Cassinelli Phone 508-479-9361

Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 70810319 briefly described as STREET OBSTRUCTION CITY OF SOMERVILLE, for ALPINE RESTAURANT GROUP, INC., as Principal, in the sum of $ FIVE THOUSAND AND NO/100 Dollars, for the term beginning October 07, 2014, and ending October 07, 2015, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 19 day of September, 2014.

WESTERN SURETY COMPANY

By _____
Paul T. Bruflat, Vice President

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

Form 90-A-8-2012

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Pasto / Alpine Restaurant Group Inc.

Address of taxpayer/applicant's business in Somerville: 187 Elm St

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

Taxpayer/applicant's phone: day: 617-625-0600 evening: 617-625-0600

I, (print name) Joseph Cassinelli, 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 26th day of November, 2014. _____
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 12-2-14 **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: ___

5049 # 31304404 # 391

NOTES:

CLERK'S INITIALS: JK **ORIGINAL STAMP:** RECEIVED 12-2-14

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143
(617) 625-6600 EXT. 3500 • TTY: (866) 808-4851 • FAX: (617) 666-9682
WWW.SOMERVILLEMA.GOV

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: Posto Alpine Restaurant Group Inc

Address: 187 Elm St

City: Somerville State: Ma Zip: 02144 Phone #: 617-625-0600

- [x] I am an employer with 45 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
- [x] 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: MA Retail Merchants WC Group Inc.

Address: P.O. Box 859222-9222

City: Braintree State: Ma Zip: 01285 Phone #:

Policy #: 0140050329301 Expiration Date: 1/1/15

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: Joseph Cassinelli Date: 11/26/14

Print Name: Joseph Cassinelli

Official use only. Do not write in this area. To be completed by city or town official.

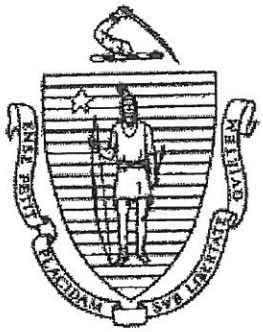
City or Town: _____ *Permit/License #:* _____

- [ ] *Board of Health*
- [ ] *Building Department*
- [ ] *City/Town Clerk*
- [ ] *Licensing Board*
- [ ] *Selectmen's Office*
- [ ] *Other* _____

Contact Person: _____ *Phone #:* _____

(revised Jan. 2008)

NOTICE TO EMPLOYEES



NOTICE TO EMPLOYEES

The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS

600 Washington Street, Boston, Massachusetts 02111

617-727-4900 - http://www.mass.gov/dia

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above-mentioned chapter by insuring with:

MA Retail Merchants WC Group Inc.

NAME OF INSURANCE COMPANY

PO Box 859222-9222 Braintree, MA 01285

ADDRESS OF INSURANCE COMPANY

014005032930114 — 1/01/2014 - 1/01/2015

POLICY NUMBER — EFFECTIVE DATES

Association Benefits Insurance — 299 Ballardvale St, Suite 1 Wilmington, MA 01887

NAME OF INSURANCE AGENT — ADDRESS — PHONE #

Pizzeria Posto — 187 Elm St Somerville, MA 02144

EMPLOYER — ADDRESS

EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY) — DATE

MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL — ADDRESS

TO BE POSTED BY EMPLOYER