



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

**APPLICATION TO RENEW EXTENDED OPERATING HOURS LICENSE**

**MEHMET BAKIRCI**  
**MR. B'S**  
**142 CROSS ST**  
**SOMERVILLE, MA 02145**

License #: 51

Fee: 550.00

Account ID: 58

Reference #: 51

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: <b>MR. B'S</b> Business Location: <b>142 CROSS ST</b> Business Phone: <b>857-492-2958</b>	
License Holder: <b>MEHMET BAKIRCI</b> <b>MR. B'S</b> <b>142 CROSS ST</b> <b>SOMERVILLE, MA 02145</b> <b>857-492-2958</b>	
Mailing Address: <b>MEHMET BAKIRCI</b> <b>MR. B'S</b> <b>142 CROSS ST</b> <b>SOMERVILLE, MA 02145</b>	
Business Type: <b>SOLE PROPRIETORSHIP</b>	
FID: <b>200825828</b>	
Food Manager/Emergency Contact: <b>MEHMET BAKIRCI</b> <b>857-492-2958</b>	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **Open deliveries only, to 2AM**

Description of Location and/or Other Conditions:

**VALID FOR DELIVERIES ONLY, NOT TAKE-OUT OR EAT-IN.**

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 04 02 2017

Print Name: Mehmet Bakirci Phone 857 492 2958



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Mr B's

Address of taxpayer/applicant's business in Somerville: 142 cross st

Address of taxpayer/applicant's home in Somerville: 142 cross st

Taxpayer/applicant's phone: day: 857 4922958 evening: 857 4922958

I, (print name) Mehmet Bakirci, 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 2 day of 04, 2014. [Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

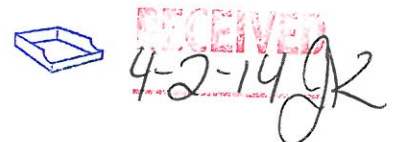
Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_

# 363      # 13072001      # \_\_\_\_\_      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: JK

ORIGINAL STAMP:



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: Mehmet Bekirci  
Address: 142 Cross St -  
City: Somerville State: MA Zip: 02145 Phone #: 8574972958

- I am an employer with \_\_\_\_\_ 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: Marketing Associates Inc  
Address: 150 Wells Ave  
City: Newton State: MA Zip: 02459 Phone #: 6179645340  
Policy #: 08wecv15779 Expiration Date: 04-13-2014

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: 04-02-2014  
Print Name: Mehmet Bekirci

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 \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/28/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Marketing Associates Insurance Agency, Inc.</b> 150 Wells Avenue  Newton MA 02459	<b>CONTACT NAME:</b> Thomas Murray <b>PHONE (A/C No. Ext.):</b> (617)964-5340 <b>FAX (A/C No.):</b> (617)965-1843 <b>E-MAIL ADDRESS:</b> tmurray@telamonins.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Hartford Insurance Company of</td> <td>37478</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Hartford Insurance Company of	37478	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Hartford Insurance Company of	37478														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
<b>INSURED</b> <b>LAZ CAFE, INC. DBA MR B'S</b> 1744 WASHINGTON ST  BOSTON MA 02118															

**COVERAGES**      **CERTIFICATE NUMBER: CL1361211825**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRQ-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$						
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$						
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$						
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			08WECVT5779	4/13/2013	4/13/2014	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">E.L. EACH ACCIDENT</td> <td style="width: 40%;">\$ 500,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 500,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 500,000</td> </tr> </table>	E.L. EACH ACCIDENT	\$ 500,000	E.L. DISEASE - EA EMPLOYEE	\$ 500,000	E.L. DISEASE - POLICY LIMIT	\$ 500,000
E.L. EACH ACCIDENT	\$ 500,000												
E.L. DISEASE - EA EMPLOYEE	\$ 500,000												
E.L. DISEASE - POLICY LIMIT	\$ 500,000												

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
**Excludes Mehmet Bakirci**  
**Location: 142 Cross St., Somerville, MA 02145**

<b>CERTIFICATE HOLDER</b>  (617)625-4239  City of Somerville 93 Highland Avenue Somerville, MA 02143	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Michael Susco/THOMAS
--	--