

2 POOL TABLES

APPLICATION FOR A BILLIARD/POOL TABLE & BOWLING ALLEY LICENSE

Application Fee \$60.00 per table or alley

Date MARCH 4 2010

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>4-12-2010</u>
Amount Paid	<u>\$120 -</u>

- New Application
- Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

Business Name: DIESEL CAFE INC. Phone: 617.629.8717

Business DBA Name (if applicable): N/A

Address with Zip Code: 257 ELM STREET SOMERVILLE MA 02144

Tax Identification Number: 831 28 280 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): SAME AS ABOVE

Address with Zip Code: "

Property Owner Name: JOE PAUL ERICO Phone: 617.776.4611

Address with Zip Code: 261 ELM STREET SOMERVILLE MA 02144

Emergency Contact 1: TUCKER LEWIS Phone: 857.998.1657 (CELL)

Emergency Contact 2: JENNIFER PARK Phone: 617.596.4377 (CELL)

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) 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: JENNIFER PARK
Address with Zip Code: 9 ELLERY STREET #32 CAMBRIDGE MA 02138

Partner's/Member's/Secretary's Name: TUCKER LEWIS
Address with Zip Code: 155 FAYERNWEATHER ST CAMBRIDGE MA 02138

Partner's/Member's/Treasurer's Name: TUCKER LEWIS
Address with Zip Code: 155 FAYERNWEATHER ST CAMBRIDGE MA 02138

CITY CLERK'S OFFICE
2010 APR 12 P 1:39

Number to be licensed: 2 Billiard Tables 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:  Date: MARCH 4 2010

Print Name: TUCKER LEWIS Phone: 6 057.998.1657 (CELL)

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 _____

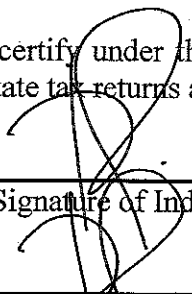
POLICE DEPARTMENT RECOMMENDATION:

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.

 TUCKER LEWIS OF DIESEL CAFE INC.

*Signature of Individual or Corporate Name (Mandatory)

TUCKER LEWIS - CLERK

By: Corporate Officer (Mandatory, if a corporation)

EIN # 83128280

**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: DIESEL CAFE INC.

Address of taxpayer/applicant's business in Somerville: 257 ELM ST. SOMERVILLE MA 02144

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617.629.8717 (DIESEL) evening: 857.998.1657 (TUCKER LEWIS CELL PHONE)

I, (print name) TUCKER LEWIS, 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 3RD day of MARCH, 20 10. [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: _____

05227032 # 313051001 # 30054480 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received
[Signature]

4-12-10

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: DIESEL CAFE INC.
Address: 257 ELM STREET
City: SOMERVILLE State: MA Zip: 02144 Phone #: 617.629.8717

- I am an employer with 26 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: NORFOLK DEDHAM COMPANY
Address: 222 AMES STREET PO BOX 9109
City: DEDHAM State: MA Zip: 02027 Phone #: 800 688 1825
Policy #: WE077278A Expiration Date: 5/28/2010

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: MARCH 3 2010

Print Name: TUCKER LEWIS

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 _____