

10 Alleys

APPLICATION FOR A BILLIARD/POOL TABLE
& BOWLING ALLEY LICENSE

2011 MAR 30 P 12:26

Application Fee \$60.00 per table or alley

Date 3/21/11

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	CITY CLERK'S OFFICE
Amount Paid	SOMERVILLE, MA

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

Applicant's Legal Name: Davis Square Bouladrome Phone: 617 776-0552

Applicant's Address (with Zip Code): 45 Day St.

Applicant's Email Address: joni@flatbreadcompany.com

Applicant's Federal Employer Identification Number: 26-4463936

Business DBA Name (if applicable):

Business Location (with Zip Code): 45 Day St. Somerville, ma 02143

Mailing Name (where we should send correspondence to): Flatbread Somerville

Mailing Address (with Zip Code): 7 Market Sq. Amesbury, ma 01913

Emergency Contact: Joni Jackman Phone: 603 502 7604 cell

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:

Address with Zip Code:

Partner's/Member's/Secretary's Name:

Address with Zip Code:

Partner's/Member's/Treasurer's Name:

Address with Zip Code:

Number to be licensed: _____ Billiard Tables _____ Pool Tables 10 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: [Signature] Date: 3/21/11
Print Name: Jay Gould Phone: 603 502 7604

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.

Davis Sq Bowladrome

*Signature of Individual or Corporate Name (Mandatory)

 001-50-4141
By: Corporate Officer (Mandatory, if a corporation)

26-4463936

**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: Davis Sq. Bouladrome

Address of taxpayer/applicant's business in Somerville: 45 Day St.

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

Taxpayer/applicant's phone: day: 603 502-7604 cell: _____ evening: _____

I, (print name) Jay Gould, 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 21 day of March, 20 11. [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: _____
04172122 # 30204801 / # 10520032 # _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP: Received
4830

*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: Flatbread Somerville, Inc.
Address: 45 Day St.
City: Somerville State: ma Zip: 02143 Phone #: 603 502 7604 cell

- ☒ I am an employer with 47 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 Bowling Alley

Workers' compensation insurance information (if applicable):

Insurance Company Name: The Hartford
Address: 24 New England Exec Pk
City: Burlington State: ma Zip: 01803 Phone #: 800 322-6222
Policy #: 08 WECLD 7881 Expiration Date: 2/5/12

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: 3/21/11
Print Name: Jay Gould

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 _____