

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Extended Operating Hours

License Number: #191177

Business Name: Moe's BBQ Trolley

Location: Packard Ave @ Professors Row

Special Conditions (if any): Th-Sa to 3AM,

Renewal Fee (Return with this application): \$550

2012 APR 23 A 10:16
CITY CLERK'S OFFICE
SOMERVILLE, MA

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:	MOE'S BBQ		
Somerville Address and Zip Code:	32 Putnam Rd	Som. MA	02145
Phone Number of the Business:	617-501-2901		

The Legal Name of the License Holder:	Mary Stewart		
Street Address of the License Holder:	32 Putnam Rd	Som MA	02145
City, State and Zip Code of the License Holder:			
Phone Number of the License Holder:	617-501-2901		
Email Address of the License Holder:			

Where We Should Send Mail: Name:	Above Address		
Street Address:			
City, State and Zip Code:			
Email:			
Phone Number:			

Federal ID # (Do Not Give a Social Security #):	
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Emergency Contact and Phone (For Fire Dept. Use):	617 501 6643
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-OVER-

Type of Business (Check Only One and Give the Names Indicated):

☒ Sole Proprietor: Name of Owner: Mary STEWART

☐ Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

☐ Trust: Names of All Trustees Who Own More Than 10%: _____

☐ Corporation (inc. LLC): Name of President: _____

Name of Secretary: _____

Name of Treasurer: _____

Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Mary Stewart Date 4-23-12



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: MAES BBQ

Address of taxpayer/applicant's business in Somerville: 32 Putnam Rd

Address of taxpayer/applicant's home in Somerville: 32 Putnam Rd Som MA 02145

Taxpayer/applicant's phone: day: 617 501 2901 evening: _____

I, (print name) Mary Stewart, 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 23 **day of**

April, 2012. Mary Stewart
(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: _____

08304032 # 136026001 # _____
12691

NOTES:

CLERK'S INITIALS: [Signature]

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: Mary Stewart
Address: 32 Putnam Rd
City: SOMERVILLE State: MA Zip: 02145 Phone #: 617 501 2901

- ☐ 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: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

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: Mary Stewart Date: 4-23-12
Print Name: Mary Stewart

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 _____