

IMPORTANT

#440
REF 538

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: Hawker and Peddler
License Number: #191514
Business Name: Bark N Bite
Location: N/A
Merchandise: Food
Special Conditions (if any):

Renewal Fee (Return with this application): \$150 + \$100/Additional Hawker Peddler

*250 PAID FOR: MICHAEL DUPUIS
RON DIGIULIO

2012 MAR 29 P 3:17
CITY CLERK'S OFFICE
SOMERVILLE, MA

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:	<u>BARK N BITE</u>
Somerville Address and Zip Code:	<u>PO BOX 207 Somerville MA 02143</u>
Phone Number of the Business:	<u>617-966-2678</u>

The Legal Name of the License Holder:	<u>MICHAEL DUPUIS</u>
Street Address of the License Holder:	<u>PO BOX 207 - 2 ALPINE ST Somerville MA 02143</u>
City, State and Zip Code of the License Holder:	
Phone Number of the License Holder:	<u>617-966-2678</u>
Email Address of the License Holder:	<u>MIKE@Mkingmusic.com</u>

Where We Should Send Mail: Name:	<u>Michael Dupuis</u>
Street Address:	<u>PO Bix 207</u>
City, State and Zip Code:	<u>Somerville MA 02143</u>
Email:	<u>MIKE@Mkingmusic.com</u>
Phone Number:	<u>617-966-2678</u>

Federal ID # (Do Not Give a Social Security #):	<u>27-2782009</u>
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Emergency Contact and Phone (For Fire Dept. Use):	<u>Peter Dupuis 617-694-3325</u>
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Type of Business (Check Only One and Give the Names Indicated):

Sole Proprietor: Name of Owner: MICHAEL DUPUIS

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: Michael Dupuis Date 3/28/12

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 4/12/2012

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).

PRODUCER HUB Int'l New England (WILSB) 299 Ballardvale St Wilmington, MA 01887	CONTACT NAME: PHONE (A/C, No, Ext): 978 657-5100		FAX (A/C, No): 9789880038	
	E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Underwriters at Lloyds, London			NAIC #
INSURED Bark n Bite Michael Dupuis DBA P.O. Box 207 Somerville, MA 02143	INSURER B:			
	INSURER C:			
	INSURER D:			
	INSURER E:			
	INSURER F:			

COVERAGES

CERTIFICATE NUMBER:

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
A	GENERAL LIABILITY			QML1125261	06/10/2011	06/10/2012	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$1,000
	<input checked="" type="checkbox"/> BI/PD Ded:250						PERSONAL & ADV INJURY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PRODUCTS - COMP/OP AGE \$1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED . . . RETENTION \$						COMBINED SINGLE LIMIT (Ea accident) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							EACH OCCURRENCE \$
							AGGREGATE \$
							WC STATUTORY LIMITS \$
							OTH-ER \$
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Sole Proprietor Michael Dupuis extuded from WCP coverage
 City of Somerville is Additional Insured with respects to GL coverage.

CERTIFICATE HOLDER

CANCELLATION

City of Somerville 93 Highland Avenue Somerville, MA 02143	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 
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City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: BARK N BITE

Address of taxpayer/applicant's business in Somerville: PO BOX 207 Somerville 02143

Address of taxpayer/applicant's home in Somerville: 2 ALPINE ST 02144

Taxpayer/applicant's phone: day: 617-966-2678 evening: _____

I, (print name) Michael Dupuis, 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 28th day of March, 2012. Michael Dupuis
(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: _____

04219084 # 226029011 # 16 # _____

NOTES: 350

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

RECEIVED
2-29-12

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: MICHAEL DUPUIS PBA BARK N BITE

Address: PO 207

City: Somerville State: MA Zip: 02143 Phone #: 617-966-2678

- I am an employer with 1 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 MOBILE VENDING

Workers' compensation insurance information (if applicable):

Insurance Company Name: Liberty Mutual

Address: PO 9090

City: DOVER State: N.H. Zip: 03821-9090 Phone #: 800-653-7893

Policy #: WCI-315-378199-010 Expiration Date: 6/11/12

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: Michael Dupuis Date: 3/28/12

Print Name: MICHAEL DUPUIS

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 #: _____