



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

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

**ARMUR INC
JOSHUA TREE
256 ELM ST
SOMERVILLE, MA 02144**

License #: **873**
Fee: **150.00**
Account ID: **147**
Reference #: **873**

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: THE JOSHUA TREE Business Location: 256 ELM ST Business Phone: 617-623-9910	
License Holder: ARMUR INC JOSHUA TREE 256 ELM ST SOMERVILLE, MA 02144 617-623-9910	
Mailing Address: ARMUR INC JOSHUA TREE 256 ELM ST SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) SECRETARY - GIUSEPPE ARCARI TREASURER - GIUSEPPE ARCARI PRESIDENT - MARTIN MURPHY	
FID: 043333891	
Food Manager/Emergency Contact: MARTIN MURPHY	

2013 NOV 18 PM 1:24
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

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

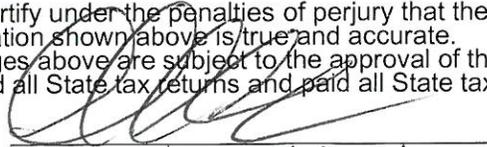
Hours: **MO-SU 5-10PM SEATS/9PM GOODS**

1 A-FRAME SIGNS

Description of Location and/or Other Conditions:

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: 11/2/13
 Print Name: Martin Murphy Phone: 617-623-9910



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

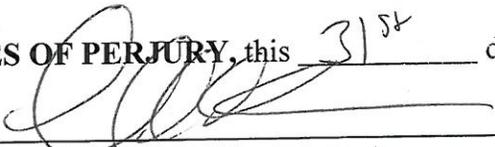
Exact name of taxpayer/applicant's business: Armor Inc, D.B.A Joshua Tree

Address of taxpayer/applicant's business in Somerville: 256 Elm St. Somerville MA 02144

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

Taxpayer/applicant's phone: day: 617-623-9910 evening: 617-623-9910

I, (print name) Martin Morphy, 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 31st day of October, 2013. 
(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: _____

pl/a # 313086011 # 449 # _____

NOTES:

CLERK'S INITIALS: 

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: Armor Inc. D.B.A Joshua Tree
Address: 256 Elm Street
City: Somerville State: MA Zip: 02144 Phone #: 617-623-9910

- I am an employer with 35 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: Hartford Fire Insurance Company
Address: 1 Hartford Plaza
City: Hartford State: CT Zip: 06155 Phone #: 800-962-6170
Policy #: 08 WEC PD4607 Expiration Date: 6/27/14

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: 11/2/13

Print Name: Martin Murphy

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 _____

