



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

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

**FCMC CORPORATION
BLUE SHIRT CAFE
424 HIGHLAND AVENUE
SOMERVILLE, MA 02144**

License #: 1006

Fee: 150.00

Account ID: 447

Reference #: 1006

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: For BLUE SHIRT CAFE Business Location: 424 HIGHLAND AVE Business Phone: (617)629-7641	
License Holder: FCMC CORPORATION BLUE SHIRT CAFE 424 HIGHLAND AVENUE SOMERVILLE, MA 02144 (617)629-7641	
Mailing Address: FCMC CORPORATION 424 HIGHLAND AVENUE SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) TREASURER - CHIU FONG CHEN PRESIDENT - ROBERT CHEN	
FID: 043579879	
Food Manager/Emergency Contact: ROBERT CHEN 617-877-2862	

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**

**8 SEATS
4 TABLES**

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: Robert Chen Date 1-23-2013

Print Name: Robert Chen Phone 617-877-2862

IMPORTANT

It's time to renew your Outdoor Seating and Goods license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee and with evidence that 1) your \$5,000 Licenses and Permits Bond remains in effect, OR 2) your business liability insurance lists the City as an Additional Insured. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business: Blue shirt Cafe
Somerville Address and Zip Code: 424 Highland Ave Somerville MA 02144
Phone Number of the Business: 617-629-7641

The Legal Name of the License Holder: FMC Corp / Blue shirt Cafe
Street Address of the License Holder: 424 Highland Ave Somerville MA 02144
City, State and Zip Code of the License Holder: Somerville MA 02144
Phone Number of the License Holder: 617-6297641

Where We Should Send Mail: Name: ~~robchen1357@yahoo.com~~ Blue shirt cafe
Street Address: 424 Highland Ave
City, State and Zip Code: Somerville MA 02144

Federal ID # (Do Not Give a Social Security #): 04-3579879

Emergency Contact and his/her Phone Number: 617-8772862

Type of Business (Check Only One and Print the Names Indicated):
 Sole Proprietor: Name of Owner: _____
 Partnership (inc. LLP): Name of Partnership: _____
Names of All Partners Who Own More Than 10%: _____
 Trust: Name of Trust: _____
Names of All Trustees Who Own More Than 10%: _____
 Corporation: Name of Corporation: FMC Corp
Name of President: Robert Chen
Name of Secretary: _____ Name of Treasurer: Linda Chen
 LLC: Name of LLC: _____
Names of All Managers: Robert Chen, Mike Chen
Other (Attach a Description of the Form of Ownership and the Names of the 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 Licensing Commission.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Robert Chen Date 1-23-2013



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: FCMC Corp / Blue Shirt Cafe

Address of taxpayer/applicant's business in Somerville: 424 Highland Ave

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

Taxpayer/applicant's phone: day: 617-6297641 evening: 617-8772862

I, (print name) Robert Chen, 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 Jan, 2013. Robert Chen
(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: _____

04214125 # 661076001 # 30054690 # _____

NOTES: 4440 UR 650

CLERK'S INITIALS: _____ ORIGINAL STAMP: _____

RECEIVED
Baraw
1-25-13

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: FCMC Corp / Blue Shirt Cafe
Address: 424 Highland Ave
City: Somerville State: MA Zip: 02144 Phone #: 617-629-7641

- I am an employer with 14 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: The Hartford Insurance Co
Address: 301 Woods Park Drive
City: Clinton State: NY Zip: 13323 Phone #: 800-9626170
Policy #: 08 WECTK-9047 Expiration Date: 11/20/2012

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: Robert Chen Date: Jan-23-2013
Print Name: Robert Chen

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