

## 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: #192028

Business Name: Mr. B's

Location: 142 Cross St

Special Conditions (if any): Open for deliveries only to 2AM daily,

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

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:	Mr B's
Somerville Address and Zip Code:	142 cross st
Phone Number of the Business:	857 292 2958

The Legal Name of the License Holder:	Mehmet Babirci
Street Address of the License Holder:	142 cross st
City, State and Zip Code of the License Holder:	Somerville MA 02145
Phone Number of the License Holder:	857 292 2958
Email Address of the License Holder:	

Where We Should Send Mail: Name:	Mehmet Babirci
Street Address:	142 cross st
City, State and Zip Code:	Somerville MA 02145
Email:	
Phone Number:	857 292 2958

Federal ID # (Do Not Give a Social Security #):	200 825 828
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Emergency Contact and Phone (For Fire Dept. Use):	857 492 2958
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-OVER-

Sole Proprietor: Name of Owner: Mehmet Babici

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)

**-All information shown above is true and accurate.**

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

*Barney*

Date 04-26-12



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Law Cafe dba Mr B's

Address of taxpayer/applicant's business in Somerville: 142 Cross St

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 857 492 2958 evening: 857 492 2958

I, (print name) Mehmet Bakirci, 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 26 day of

04, 2012. [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: \_\_\_\_\_

# 4125 # 113072001 # 396 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP: 

RECEIVED  
UBARRAS  
4-26-12

*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: Mehmet Bakirci  
Address: 142 Cross St  
City: Somerville State: MA Zip: 02145 Phone #: 857 4922958

- ☐ 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: Lar cake dba mr B's  
Address: 142 Cross St  
City: Somerville State: MA Zip: 02145 Phone #: 857 4922958  
Policy #: 08WECVT5779 Expiration Date: 04-13-13

**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: 04-26-12  
Print Name: Mehmet Bakirci

**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 \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/26/2012

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).

<b>PRODUCER</b> <b>Marketing Associates Insurance Agency, Inc.</b> 150 Wells Avenue  Newton MA 02459  <b>INSURED</b> <b>LAZ CAFE, INC. DBA MR B'S</b> 1744 WASHINGTON ST  BOSTON MA 02118	<b>CONTACT NAME:</b> Thomas Murray <b>PHONE (A/C, No. Ext.):</b> (617) 964-5340 <b>FAX (A/C, No.):</b> (617) 965-1843 <b>E-MAIL ADDRESS:</b> tmurray@telamonins.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER(S) AFFORDING COVERAGE</td> <td style="width: 20%;">NAIC #</td> </tr> <tr> <td>INSURER A: Hartford Insurance Company of</td> <td>37478</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Hartford Insurance Company of	37478	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															

## COVERAGES

CERTIFICATE NUMBER: CL1242608415

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
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			08WECVT5779	4/13/2012	4/13/2013	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Excludes Mehmet Bakirci

Location: 142 Cross St., Somerville, MA 02145

## CERTIFICATE HOLDER

(617) 625-4239

City of Somerville  
 93 Highland Avenue  
 Somerville, MA 02143

## CANCELLATION

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

Michael Susco/THOMAS