

APPLICATION FOR AN AUTOMATIC AMUSEMENT DEVICE LICENSE

Application Fee \$100.00 per device

Date 9/28/15

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	_____
Amount Paid	_____

- New Application
- Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

Business (DBA) Name: THUNDER ROAD Phone: 617-776-7623

Applicant's Federal Employer Identification Number: 46-4875503

Applicant's Legal Name: CHUCKMASTER ENTERTAINMENT LLC

Applicant's Address (with Zip Code): 379 SOMERVILLE AVE, SOMERVILLE MA 02143

Mailing Name (where we should send correspondence to): PO BOX 35, SOMERVILLE MA 02143

Mailing Address (with Zip Code): THUNDER ROAD ↗

Emergency Contact: Charles Abel Phone: 781-844-7939

Type of Business (Check Only One and Provide 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: _____

Name of President: _____

Name of Secretary: _____ Name of Treasurer: _____

LLC: Name of LLC: CHUCKMASTER ENTERTAINMENT LLC

Names of All Managers Who Own More Than 10%: Charles Abel, Daniel

Millen

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

2015 OCT -5 PM 12:30
 CITY CLERK'S OFFICE
 SOMERVILLE MA

Business (DBA) Name: THUNDER ROAD

Number of automatic amusement devices to be kept: 1

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. I certify that the applicant has filed all State tax returns and paid all State taxes required under law.

Signature of Applicant: _____ Date: 9/29/15

Print Name: Charles Abel Phone: 781-844-7939

LICENSING COMMISSION RECOMMENDATION:

The Licensing Commission recommends that the application be: Approved Denied

Signature: John J Long Date: 9/28/15

FOR NEW APPLICANTS OR APPLICANTS ADDING AMUSEMENT DEVICES:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The Inspectional Svcs. Dept. recommends that the application be: Approved Denied

Signature: Paul J. Hames Date: 10-1-15

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be: Approved Denied

Signature: Deputy Chief BERTS Date: 10/2/15



CITY OF SOMERVILLE, MASSACHUSETTS

Treasury Department

JOSEPH A. CURTATONE

MAYOR

CERTIFICATE OF GOOD STANDING

PLEASE PRINT

Thunder Road

NAME OF PERSON REQUESTING CERTIFICATE:

Charles S. Abel

BUSINESS LOCATION:

379 Somerville Ave. AND/OR

TAXPAYER'S HOME ADDRESS:

TAXPAYER/APPLICANT PHONE: DAY:

EVENING:

BUSINESS NAME:

Thunder Road

BUSINESS ID NUMBER:

BUSINESS PHONE:

I (print name) _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville 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 1 day of October

20 15. _____ (Taxpayer's Signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____

TAXES AND ACCOUNT NUMBER(S)

**REAL ESTATE ID

**WATER/SEWER ID

**PERSONAL PROPERTY

**OTHER

14076

242009001

NA

NOTES:

CLERKS INITIALS:

BUSINESS or BUILDING PERMIT

ORIGINAL STAMP



RECEIVED 10-1-15



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: Chuckmaster Entertainment LLC D/B/A Thunder Road

Address: 379 Somerville Ave

City/State/Zip: Somerville MA 02143

Phone #: 617-776-7623

Are you an employer? Check the appropriate box:

- 1. I am an employer with 15 employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Arthur S. Page Insurance Agency

Insurer's Address: 57 State St

City/State/Zip: Newburyport MA 01950

Policy # or Self-ins. Lic. # 7PJUB-2E88954-9-15

Expiration Date: 4-24-2016

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____

Date: 8/1/15

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other _____

Contact Person: _____ Phone #: _____

September 29, 2015

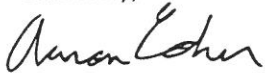
To whom it may concern,

The purpose of this letter is to support and recommend Charlie Abel and Dan Millen, the proprietors of Thunder Road in their request for a coin operated video game license.

I've known both Charlie and Dan for years as a member of the local arts and music community and as owner / proprietor of Gracie's Ice Cream, as well an independent producer of food oriented events for my company Eat Boston, I've found Charlie and Dan to be great neighbors, I've been pleased with their willingness to work with us in helping to strategize future food events, plus their willingness to help promote and highlight our food oriented events along with their own.

We've met on several occasions about to strategize about respective businesses and I welcome them to the neighborhood. I think a video game will be a fun and safe driver of traffic for us all, and I recommend that the Board Of Aldermen, approve their request.

Sincerely,

A handwritten signature in black ink that reads "Aaron Cohen". The signature is written in a cursive, flowing style.

Aaron Cohen

Owner / Proprietor, Gracie's Ice Cream & EatBoston

September 29, 2015

To whom it may concern,

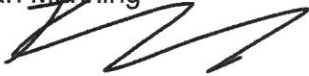
The purpose of this letter is to support and recommend Charlie Abel and Dan Millen, the proprietors of Thunder Road in their request for a coin operated video game license.

As owner / proprietor of Bull McCabe's I've found Charlie and Dan at Thunder Road to be great neighbors, and we've been pleased with their willingness to work with us in helping to strategize how to best bring more business into Union Square and their willingness to help promote and highlight our musical events along with their own.

I think a video game will be a fun and safe driver of traffic for us all, and I recommend that the Aldermen approve their request.

Sincerely,

Brian Manning

A handwritten signature in black ink, appearing to read 'Brian Manning', written over the printed name.

Owner / Proprietor, Bull McCabe's And McCabe's On Mass