

**APPLICATION FOR A BILLIARD/POOL TABLE  
& BOWLING ALLEY LICENSE**

Application Fee \$60.00 per table or alley

Date \_\_\_\_\_

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 6-10-10

Amount Paid \$135.00

☒ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business Name: Samba Bar & Grill Phone: 617-808-1177

Business DBA Name (if applicable): \_\_\_\_\_

→ Address with Zip Code: 596-608 Somerville are Som. MA 02143

Tax Identification Number: 200-905-386 Check one: ☐ SSN ☐ FEIN

Mailing Name (where we should send correspondence to): Same

Address with Zip Code: \_\_\_\_\_

Property Owner Name: Jac Realty Trust Phone: 781-721-5301

Address with Zip Code: \_\_\_\_\_

Emergency Contact 1: Maria Assunta Phone: 617-947-2859

Emergency Contact 2: Dorivaldo De Souza Phone: 617-947-5833

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust  
☒ Corporation (inc. LLC) ☐ Other \_\_\_\_\_

IF A SOLE PROPRIETOR:

Owner's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Maria Assunta Scifius

Address with Zip Code: 18 Norwood are #2 Som. MA 02145

Partner's/Member's/Secretary's Name: Dorivaldo R De Souza

Address with Zip Code: Same

Partner's/Member's/Treasurer's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

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Number to be licensed: \_\_\_\_\_ Billiard Tables    01 Pool Tables    \_\_\_\_\_ Bowling Alleys

### 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.

Signature of Applicant: Maria Assunta Scofield Date: 05/26/10  
Print Name: MARIA ASSUNTA SCOFIELD Phone: 617-947-2859

### FOR NEW APPLICANTS OR APPLICANTS ADDING TABLES OR ALLEYS:

#### INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION: ✓

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

Signature: Paul J. Mann Date: 5/27/10

#### POLICE DEPARTMENT RECOMMENDATION: ✓

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

*See Attached*

Number to be licensed: \_\_\_\_\_ Billiard Tables 01 Pool Tables \_\_\_\_\_ Bowling Alleys

### 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.

Signature of Applicant: Maria Assunta Scofield Date: 05/26/10  
Print Name: MARIA ASSUNTA SCOFIELD Phone: 617-947-0859

### FOR NEW APPLICANTS OR APPLICANTS ADDING TABLES OR ALLEYS:

#### INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION: ✓

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### POLICE DEPARTMENT RECOMMENDATION: ✓

The Chief of Police recommends that the application be:

Signature Chief Richard P. Cabral ✓ Approved \_\_\_\_\_ Denied \_\_\_\_\_  
Date 5/27/2010

**MASSACHUSETTS DEPARTMENT OF REVENUE  
REVENUE ENFORCEMENT AND PROTECTION (REAP)  
ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

*Maria Mont Sord*

\*Signature of Individual or Corporate Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

011-66-9024

200-905-886

\*\*Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Samba Bar & Grill  
Address of taxpayer/applicant's business in Somerville: 596-608 Som. ave Som. MA 0214  
Address of taxpayer/applicant's home in Somerville: 18 Norwood ave #2 Som. MA 0214  
Taxpayer/applicant's phone: day: 617-947-2859 or 617-718-9177 evening: 617-947-2859 cel

I, (print name) Maria ASSUNTA Saldud, 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 May, 2010. Maria Assunta Saldud  
(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: \_\_\_\_\_

# 03105085 # 242086001 # 30054220 # \_\_\_\_\_  
249005001

NOTES:

CLERK'S INITIALS: L

ORIGINAL STAMP:

received  
15-06

**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**600 Washington Street**  
**Boston, Mass. 02111**

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:**

Name: Samba Enterprises - Samba Bar & Grill  
Address: 596-608 Somerville Ave  
City: Dor State: MA Zip: 02143 Phone #: 617-718 9177

- ☐ I am an employer with 2 employees (full and/or part time). Business Type: ☐ Retail  
☐ I am a sole proprietor or partnership and have no employees. ☒ Restaurant/Bar/Eating Establishment  
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)  
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit  
☒ Entertainment  
☐ Manufacturing  
☐ Health Care  
☐ Other

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Granite State Ins Company Massachusetts Insurance  
Address: 70 Pine Street NY, NY 10270 617-776 1641  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Policy #: WC 874.17.37 (37) Expiration Date: 04.15.2011

**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: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**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