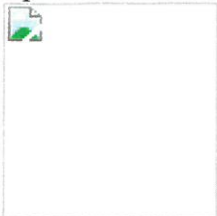


&lt;p

**CITY OF SOMERVILLE**

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

2016 MAR -7 A 9:18

CITY CLERK'S OFFICE  
SOMERVILLE, MA**Application to Renew Billiards and Bowling License****AOD, INC.**  
**499 BROADWAY**  
**SOMERVILLE MA 02144****License #:** BL15-000883  
**File #:** 15-177  
**Fee:** 330

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)
<b>Business/DBA Name:</b> AOD, INC. <b>Business Location:</b> 499 BROADWAY <b>Business Phone:</b> (617) 629-5302	ON THE HILL TAVERN
<b>License Holder:</b> AOD, INC. 499 BROADWAY SOMERVILLE MA 02144	
<b>Mailing Address:</b> AOD, INC. 499 BROADWAY SOMERVILLE MA 02144	
<b>Business Type:</b> Corporation ROBERT ANTONELLI DENNA DENISCO MARK ANTONELLI	
<b>FID:</b> 000842606	
<b>Emergency Contact:</b> MARK ANTONELLI <b>Phone:</b> 617-584-7321	
<b># of Tables:</b> 3 <b># of Lanes:</b> 0	

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 A. AntonelliDate: 2-21-2016Printed Name: Robert A. AntonelliPhone: 617-629-5302



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: AOD, INC

Address of taxpayer/applicant's business in Somerville: 499 BROADWAY

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

Taxpayer/applicant's phone: day: 617 629-5302 evening: 781-771-3470

I, (print name) Robert A. Antonelli, 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 21 day of Feb, 2016. Robert A. Antonelli  
(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: \_\_\_\_\_

# 2217 # N/A # 227 # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: UB

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: AOD, INC  
Address: 499 Broadway  
City: Somerville State: MASS Zip: 02144 Phone #: 617-629-5302

- ☒ 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 HANTFORD  
Address: 1 HANTFORD PLAZA  
City: HANTFORD State: CT Zip: 06105 Phone #: 800-447-7649  
Policy #: 08 WEC HA6049 Expiration Date: 07/2016

**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: 2/21/2016  
Print Name: Robert A. Antonelli

*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

ONTHE-2 OP ID: ERIN

DATE (MM/DD/YYYY)

11/30/2015

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> Waverley Insurance Agency 493 Trapelo Road Belmont, MA 02478 James Tracey		<b>CONTACT NAME:</b> James Tracey <b>PHONE (A/C, No, Ext):</b> 617-484-5216 <b>FAX (A/C, No):</b> 617-489-4626 <b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> On The Hill Tavern 499 Broadway Somerville, MA 02145		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		INSURER A: Hartford Insurance Co		
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

**COVERAGES****CERTIFICATE NUMBER:****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>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						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) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <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	Y/N	N/A	08WECAA6049	07/13/2015	07/13/2016	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Everythings subject to policy terms and conditions.

**CERTIFICATE HOLDER****PROOF OF**

Proof of Insurance

**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

James Tracey

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**CITY OF SOMERVILLE**  
Commonwealth of Massachusetts  
93 Highland Avenue  
Somerville, MA 02143  
(617) 625-6600

**2015 LICENSE  
PAST DUE**

**Application to Renew Billiards and Bowling License**

**AOD, INC.**  
**499 BROADWAY**  
**SOMERVILLE MA 02144**

**License #:** BL15-000883  
**File #:** 15-177  
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<b>Business Type:</b> Corporation ROBERT ANTONELLI DENNA DENISCO MARK ANTONELLI	
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Printed Name: Robert A. Antonelli Phone: 617-629-5302



City of Somerville, Massachusetts  
Finance Department, Treasury Division

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# 2217 # N/A # 227 # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: UB

ORIGINAL STAMP:

**Received**  
[Signature]

3-2-15



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

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☐ We are a nonprofit organization staffed by volunteers and have no employees.
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Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

☐ Board of Health  
☐ Building Department  
☐ City/Town Clerk  
☐ Licensing Board  
☐ Selectmen's Office  
☐ Other \_\_\_\_\_