



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

**APPLICATION TO RENEW OUTDOOR SEATING LICENSE**

**ALPINE RESTAURANT GROUP INC  
PIZZERIA POSTO  
187 ELM ST  
SOMERVILLE, MA 02144**

License #: **879**  
Fee: **150.00**  
Account ID: **237**  
Reference #: **879**

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: <b>PIZZERIA POSTO</b> Business Location: <b>187 ELM ST</b> Business Phone: <b>617-625-0600</b>	City Clerk's Office 2017-11-22 P 3:54
License Holder: <b>ALPINE RESTAURANT GROUP INC PIZZERIA POSTO 187 ELM ST SOMERVILLE, MA 02144 617-625-0600</b>	
Mailing Address: <b>ALPINE RESTAURANT GROUP INC PIZZERIA POSTO 187 ELM ST SOMERVILLE, MA 02144</b>	
Business Type: <b>CORPORATION (INC. LLC) PRESIDENT - JOSEPH CASSINELLI SECRETARY - JOSEPH CASSINELLI TREASURER - JOSEPH CASSINELLI</b>	
FID: <b>270628136</b>	
Food Manager/Emergency Contact: <b>JOSEPH CASSINELLI 508-479-9361</b>	

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**

**20 SEATS  
10 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: Joseph Cassinelli Date: 11/25/13  
Print Name: Joseph Cassinelli Phone: 617-625-0600



# Western Surety Company

## CONTINUATION CERTIFICATE

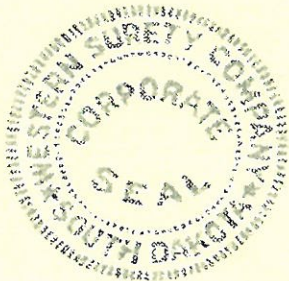
Western Surety Company hereby continues in force Bond No. 70810319 briefly described as STREET OBSTRUCTION CITY OF SOMERVILLE,  
ALPINE RESTAURANT GROUP, INC., as Principal,  
 in the sum of \$ FIVE THOUSAND AND NO/100 Dollars, for the term beginning October 07, 2013, and ending October 07, 2014, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 17 day of September, 2013.

WESTERN SURETY COMPANY

By Paul T. Bruflat  
 Paul T. Bruflat, Vice President



**THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.**



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: PIZZERIA POSTO

Address of taxpayer/applicant's business in Somerville: 187 ELM ST

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

Taxpayer/applicant's phone: day: \_\_\_\_\_ evening: \_\_\_\_\_

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 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
(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: \_\_\_\_\_

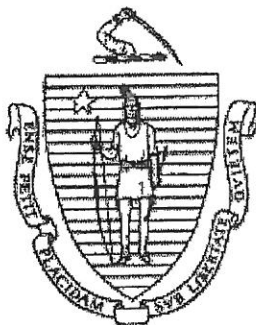
# 4988      # 313044001      # 407      # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** 

**ORIGINAL STAMP:**  **RECEIVED**  
12/10/12 

**NOTICE  
TO  
EMPLOYEES**



**NOTICE  
TO  
EMPLOYEES**

**The Commonwealth of Massachusetts  
DEPARTMENT OF INDUSTRIAL ACCIDENTS**

600 Washington Street, Boston, Massachusetts 02111  
617-727-4900 - <http://www.mass.gov/dia>

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above-mentioned chapter by insuring with:

MA Retail Merchants WC Group Inc.

NAME OF INSURANCE COMPANY

PO Box 859222-9222 Braintree, MA 01285

ADDRESS OF INSURANCE COMPANY

014005032930113

1/01/2013 - 1/01/2014

POLICY NUMBER

EFFECTIVE DATES

Association Benefits Insurance 299 Ballardvale St, Suite 1 Wilmington, MA 01887

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

Pizzeria Posto

187 Elm St Somerville, MA 02144

EMPLOYER

ADDRESS

EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY)

DATE

**MEDICAL TREATMENT**

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL

ADDRESS

**TO BE POSTED BY EMPLOYER**