



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

**APPLICATION TO RENEW OUTDOOR SEATING LICENSE**

**LDDJ, INC.  
DAVE'S FRESH PASTA  
79-87 HOLLAND STREET  
SOMERVILLE, MA 02144**

License #: **1016**

Fee: **150.00**

Account ID: **451**

Reference #: **1016**

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>DAVE'S FRESH PASTA</b> Business Location: <b>79 HOLLAND ST</b> Business Phone: <b>(617)623-0867</b>	
License Holder: <b>LDDJ, INC. DAVE'S FRESH PASTA 79-87 HOLLAND STREET SOMERVILLE, MA 02144 (617)623-0867</b>	
Mailing Address: <b>LDDJ, INC. DAVE'S FRESH PASTA 79-87 HOLLAND STREET SOMERVILLE, MA 02144</b>	
Business Type: <b>CORPORATION (INC. LLC) PRESIDENT - DAVID JICK TREASURER - DAVID JICK SECRETARY - LORI DELISO</b>	
FID: <b>043255141</b>	
Food Manager/Emergency Contact: <b>DAVID JICK</b> <b>617-938-1000</b>	

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
2013 NOV -7 P 3:18

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**

**12 SEATS  
1 A-FRAME SIGNS  
6 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:  Date: 10/24/13

Print Name: Dave Jick Phone: 617 623 0867



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: LOOS inc Dave's Fresh Pasta  
 Address: 81 Holland St  
 City: Somerville State: MA Zip: 02144 Phone #: 617 623 0867

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

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

Insurance Company Name: MA Retail Merchant WC Group  
 Address: PO Box 859222-9222  
 City: Braintree State: MA Zip: 01285 Phone #: 781 843 0005  
 Policy #: 014005030519113 Expiration Date: 1/1/14

**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: 6/24/13  
 Print Name: Dave Tick

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 \_\_\_\_\_

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE CERTIFICATE

INFORMATION PAGE

RENEWAL AGREEMENT

MA Retail Merchants WC Group Inc.  
 PO Box 859222-9222  
 Braintree, MA 01285  
 (Carrier Code: 34355)

Producer: Agent# 5960  
 Association Benefits Insurance Age  
 299 Ballardvale St, Suite 1  
 Wilmington, MA 01887  
 Certificate #: 014005030519113  
 Prior Certificate #: 014005030519112

1. The Employer: Dave's Fresh Pasta  
 LDDJ Inc  
 Mailing Address: 81 Holland Street  
 Somerville, MA 02144

Fein: 043255141

Other workplaces not shown above:  
 NO OTHER WORKPLACES FOR THIS POLICY

Type of Business: Corporation  
 Risk ID:

2. The certificate period is from 12:01 a.m. on 1/01/2013 to 12:01 a.m. on 1/01/2014 at the insured's mailing address.

3. A. Workers Compensation Coverage: Part One of the certificate applies to the Workers Compensation Law of the states listed here:  
 MA

B. Employers Liability Coverage: Part Two of the certificate applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$ <u>100,000</u>	each accident
Bodily Injury by Disease	\$ <u>500,000</u>	certificate limit
Bodily Injury by Disease	\$ <u>100,000</u>	each employee

C. Other States Coverage:

D. This certificate includes these endorsements and schedules:

WC000000A(04/92) WC000310(04/84) WC000406A(08/95) WC000414(07/90) WC000422A(09/08)  
 WC200301(04/84) WC200302(05/86) WC200303B(07/99) WC200405(06/01) WC200601(06/92)

4. The contribution for this certificate will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code No.	Contribution Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Contribution
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SEE SCHEDULE OF OPERATIONS

Total Estimated Annual Contribution	14,512.00		
Minimum Contribution \$	293.00	Expense Constant \$	.00

WC 00 00 01 A Issue Date: 1/18/2013 Countersigned by \_\_\_\_\_



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: LPD Inc Dave's Fresh Past

Address of taxpayer/applicant's business in Somerville: 81 Holland St

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

Taxpayer/applicant's phone: day: 617 623 0867 evening: 781 863 6375

I, (print name) Dave Tick, 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 6 day of November, 2013.  
[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: \_\_\_\_\_

# 7636      # 326010001      # 652      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: 