

8/150-



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

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

**BALL SQUARE CAFE AND BREAKFAST INC.
708 BROADWAY
SOMERVILLE, MA 02144**

License #: 1111
Fee: .00
Account ID: 877
Reference #: 1111

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: BALL SQUARE CAFE AND BREAKFAST Business Location: 708 BROADWAY Business Phone: (617)623-2233	
License Holder: BALL SQUARE CAFE AND BREAKFAST INC. 708 BROADWAY SOMERVILLE, MA 02144 (617)623-2233	
Mailing Address: BALL SQUARE CAFE AND BREAKFAST INC. 708 BROADWAY SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) PRESIDENT - MICHAEL MOCCIA SECRETARY - OMAR DJEBBOURI TREASURER - OMAR DJEBBOURI	
FID: 640956966	
Food Manager/Emergency Contact: MIKE MOCCIA 781-718-4111	

CITY CLERK'S OFFICE
SOMERVILLE, MA
2015 APR 22 P 1:30

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**

**8 SEATS
3 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: Michael Moccia Date: 1/24/15
 Print Name: Michael Moccia Phone: 781 718 4111



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Ball Square Cafe & Breads Inc

Address of taxpayer/applicant's business in Somerville: 708 Broadway

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 781 718 4111 evening: Same

I, (print name) Michael McCain, 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 18 day of March, 2015. Michael McCain
(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: _____

2249 # 302056011 # 228 # _____

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: Bell Square Cafe & Breakfast Inc
Address: 708 Broadway
City: Smethway State: MA Zip: 02144 Phone #: 617 628 2233

I am an employer with 15 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: MA Retail Merchants NC
Address: PO Box 759222-9222
City: Branford State: MA Zip: 02185 Phone #: 617 625 8400
Policy #: 0140050 3364 3115 Expiration Date: 1/1/2016

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: Michael Mirella Date: 3/18/15
Print Name: Michael Mirella

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 _____

(revised Jan. 2008)