



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

2016 MAY -2 P 3:09

**Application to Renew Extended Operating Hours License**

CITY CLERK'S OFFICE  
 SOMERVILLE, MA

**Pepi's Pizzeria**  
**516b Medford St.**  
**Somerville MA 02145**

**License #:** BL15-001152  
**File #:** 15-006643  
**Fee:** 605

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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES:</b> (Note below or explain on a separate sheet)
<b>Business/DBA Name:</b> Pepi's Pizzeria <b>Business Location:</b> 516 MEDFORD ST <b>Business Phone:</b> 617-628-5555	
<b>License Holder:</b> Pepi's Pizzeria 516b Medford St. Somerville MA 02145	
<b>Mailing Address:</b> Pepi's Pizzeria 516b Medford St. Somerville MA 02145	
<b>Business Type:</b> Sole Proprietor	
<b>FID:</b> 472712431	
<b>Emergency Contact:</b> Francisco Rodriguez <b>Phone:</b> 781-475-0111	
<b>Extended hours for in-store service (specify days and hours):</b> Sunday-Saturday until 2 AM <b>Extended hours for take-out service (specify days and hours):</b> Sunday-Saturday until 2 AM <b>Extended hours for delivery service (specify days and hours):</b> Sunday-Saturday until 2 AM	

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: Edith Rodriguez Date: 5/2/16

Printed Name: Edith Rodriguez Phone: (857) 246-0953



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: pepi's pizzeria

Address of taxpayer/applicant's business in Somerville: 516 Medford St

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

Taxpayer/applicant's phone: day: (617) 628-5555 evening: same

I, (print name) Edith Rodriguez, 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 2 day of May, 2016. Edith R  
(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: \_\_\_\_\_

# \_\_\_\_\_ # 208088001 # 868 # \_\_\_\_\_

NOTES: \_\_\_\_\_  
CLERK'S INITIALS: URB

ORIGINAL STAMP: \_\_\_\_\_

URBancas  
5276

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: Pepiis Pizzeria  
Address: 516 B Medford St  
City: Somerville State: MA Zip: 02145 Phone #: (617) 628-5555

- I am an employer with 2 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: Hartford Underwriters Insurance Company  
Address: P.O. Box 1450 Middleboro MA 02344  
City: Middleboro State: MA Zip: 02344 Phone #: \_\_\_\_\_  
Policy #: 6560013-2E67843-3-16 Expiration Date: 1/22/17

**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: Edith R. Date: 5/2/16  
Print Name: Edith Rodriguez

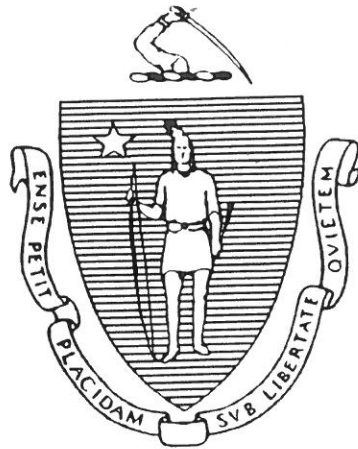
Official use only. Do not write in this area. To be completed by city or town official.

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**NOTICE  
TO  
EMPLOYEES**



**NOTICE  
TO  
EMPLOYEES**

**The Commonwealth of Massachusetts  
DEPARTMENT OF INDUSTRIAL ACCIDENTS  
1 Congress Street, Suite 100, Boston, Massachusetts 02114 – 2017  
617-727-4900 – <http://www.state.ma.us/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:

HARTFORD UNDERWRITERS INSURANCE COMPANY

NAME OF INSURANCE COMPANY

P.O. BOX 1450  
MIDDLEBORO, MA 02344-1450

ADDRESS OF INSURANCE COMPANY

(6S60UB-2E67843-3-16)

01-22-16 TO 01-22-17

POLICY NUMBER

EFFECTIVE DATES

ALD INS AGENCY INC

60A BRIGHTON AVE

ALLSTON

MA 02134

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

MALDONAO, EDITH A RODRIGUEZ  
DBA CAPRESE PIZZERIA N GRILL

516B MEDFORD STREET

SOMERVILLE  
MA 02145

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