



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

2013 JAN -4 A 10:55

**APPLICATION TO RENEW OUTDOOR SEATING LICENSE****CITY CLERK'S OFFICE  
SOMERVILLE, MA**

License #: 884

**FAKHOURI INC.  
SOUNDBITES  
704-706 BROADWAY  
SOMERVILLE, MA 02144**

Fee: 150.00

Account ID: 273

Reference #: 884

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: (Note below or explain on a separate sheet)</b>
Business/DBA Name: For <b>SOUNDBITES</b>	
Business Location: <b>704 BROADWAY</b>	
Business Phone: <b>617-623-8338</b>	
License Holder: <b>FAKHOURI INC. SOUNDBITES 704-706 BROADWAY SOMERVILLE, MA 02144 617-623-8338</b>	
Mailing Address: <b>FAKHOURI INC. 704-706 BROADWAY SOMERVILLE, MA 02144</b>	
Business Type: <b>CORPORATION (INC. LLC) PRESIDENT - YASSER MIRZA TREASURER - YASSER MIRZA</b>	
FID: <b>331153484</b>	
Food Manager/Emergency Contact: <b>ROBERTA EVANGELISTA</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**

**16 SEATS  
4 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: Yassser Mirza

Date 11/26/2012

Print Name: Yassser Mirza

Phone 617 623 8338

## IMPORTANT

It's time to renew your Outdoor Seating and Goods license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee and with evidence that 1) your \$5,000 Licenses and Permits Bond remains in effect, OR 2) your business liability insurance lists the City as an Additional Insured. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business:	Sound Bites (Fakhouri Inc)
Somerville Address and Zip Code:	704 Broadway
Phone Number of the Business:	617 623 8338

The Legal Name of the License Holder:	Yasser Mirza
Street Address of the License Holder:	11 Bay STATE
City, State and Zip Code of the License Holder:	Somerville, MA 02144
Phone Number of the License Holder:	617 417 2098

Where We Should Send Mail: Name:	Sound Bites
Street Address:	704 Broadway
City, State and Zip Code:	Somerville, MA 02144

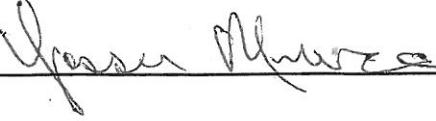
Federal ID # (Do Not Give a Social Security #):	331153484
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Emergency Contact and his/her Phone Number:	617 623 8338 Yasser
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Type of Business (Check Only One and Print the Names Indicated):	
<input type="checkbox"/> Sole Proprietor: Name of Owner:	
<input type="checkbox"/> Partnership (inc. LLP): Name of Partnership:	
Names of All Partners Who Own More Than 10%:	
<input type="checkbox"/> Trust: Name of Trust:	
Names of All Trustees Who Own More Than 10%:	
<input checked="" type="checkbox"/> Corporation: Name of Corporation:	Fakhouri Ink
Name of President:	Yasser Mirza
Name of Secretary:	Same
Name of Treasurer:	Same
LLC: Name of LLC:	
Names of All Managers:	Roberta Evangelista
Other (Attach a Description of the Form of Ownership and the Names of the Owners)	

ACKNOWLEDGEMENT: 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 Somerville Licensing Commission.
- I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: 

Date 11/26/12



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

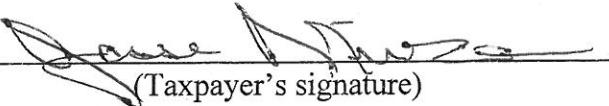
Exact name of taxpayer/applicant's business: Sound Bites

Address of taxpayer/applicant's business in Somerville: 704 Broadway

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

Taxpayer/applicant's phone: day: 617 623 8338 evening: 617 417 2098

I, (print name) Kassie Mirea, 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 24 day of  
2012, 2012   
(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: \_\_\_\_\_

# 2210      # 302056001 # 258      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: UB

ORIGINAL STAMP:



*RECEIVED*  
*UB*  
*1-4-13*

*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: SoundBites  
Address: 704 Broadway  
City: Jamaerville State: ma Zip: 02144 Phone #: 617 6238338

I am an employer with 110 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: Aim Mutual  
Address: P. O Box 4070  
City: Burlington State: ma Zip: 02144 Phone #: 800 876 2765  
Policy #: 7 200 702283012011 Expiration Date: 7/15/13

**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: Yasser Mirza Date: 11/26/12  
Print Name: Yasser Mirza

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

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

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

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

# A.I.M. Mutual

INSURANCE COMPANIES

P.O. Box 4070  
Burlington, MA 01803-0970  
(800) 876-2765  
FAX (781) 270-5599

A.I.M. Mutual Insurance Company  
Massachusetts Employers Insurance Company  
New Hampshire Employers Insurance Company  
Associated Employers Insurance Company

REMIT BY  
BY 07/16/2012

Fakhouri Inc  
dba Soundbites dba On Broadway  
704 Broadway  
Somerville, MA 02144

## INVOICE

DATE	07/12/2012
DU <sup>E</sup> DATE	07/05/2012
POLICY #	7022283012011
INVOICE #	549996 AUDIT 701
POLICY BALANCE	\$606.00
AMOUNT DUE	\$606.00

A.I.M. Mutual Insurance Co  
Workers Compensation Insurance  
Policy Term: 04/01/2011 to 04/01/2012

DESCRIPTION	AMOUNT
Premium	**AUDIT**
Mass Assessment	32.00
Balance Due	606.00
	<i>paid</i>

Please remit payment by 7-22-2012  
to avoid cancellation of your policy.

### NOTE TO PRODUCER

We need your help in collecting this premium to prevent you from the additional administration of refiling for coverage and for the insured not to have a gap in coverage. Thank you.

PLEASE RETURN THIS PORTION WITH REMITTANCE

INSURED	POLICY #	AMOUNT DUE	AMOUNT ENCLOSED
Fakhouri Inc	7022283012011	\$606.00	

REMIT TO:

A.I.M. Mutual Insurance Co  
P.O. Box 4130  
Woburn, MA 01888-4130

DATE
07/12/2012
DU <sup>E</sup> DATE
07/05/2012
INVOICE #
549996 AUDIT 701

702228301201100054999640000060600