



**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 LICENSECITY CLERK'S OFFICE
SOMERVILLE, MA
884

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

License #: 884

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.

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

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: Yasser Mirza

Date: 11/26/2012

Print Name: Yasser 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

Emergency Contact and his/her Phone Number: 617 623 8338 Yasser

Type of Business (Check Only One and Print the Names Indicated):

☐ Sole Proprietor: Name of Owner: _____

☐ Partnership (inc. LLP): Name of Partnership: _____

Names of All Partners Who Own More Than 10%: _____

☐ Trust: Name of Trust: _____

Names of All Trustees Who Own More Than 10%: _____

☒ Corporation: Name of Corporation: Fakhouri Inc

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: Yasser Mirza

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) Yasser Minza, 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 26 day of

2012, 2012 [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: _____

2210 # 302056001 # 258 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



RECEIVED
UBaraw
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: Jamerville State: ma Zip: 02141 Phone #: 617 6238338

☒ I am an employer with 16 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: Prim Mutual
Address: P.O. Box 4070
City: Burlington State: ma Zip: 02144 Phone #: 800 876 2765
Policy #: 702283012011 Expiration Date: 7/5/13

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 #: _____

Contact Person: _____ Phone #: _____

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

A.I.M. Mutual

INSURANCE COMPANIES

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

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

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

RECEIVED
JUL 16 2012
BY: _____

INVOICE	
DATE	07/12/2012
DUE 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**	574.00
Mass Assessment	32.00
Balance Due	===== 606.00

PAID

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

PLEASE RETURN THIS PORTION WITH REMITTANCE

INSURED	POLICY #	AMOUNT DUE
Fakhouri Inc	7022283012011	\$606.00

AMOUNT ENCLOSED

REMIT TO:

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

DATE
07/12/2012
DUE DATE
07/05/2012
INVOICE #
549996 AUDIT 701

702228301201100054999640000060600