



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

APPLICATION TO RENEW BILLIARDS AND BOWLING LICENSE

AOD, INC.
ON THE HILL TAVERN
499 BROADWAY
SOMERVILLE, MA 02144

License #: **883**
Fee: **300.00**
Account ID: **177**
Reference #: **883**

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: ON THE HILL TAVERN Business Location: 499 BROADWAY Business Phone: (617) 629-5302	<p>2014 MAY 23 A 9:30 CITY CLERK'S OFFICE SOMERVILLE, MA</p> <p><i>Mark Antonelli</i></p> <p><i>Mark Antonelli 617 584-7721</i></p>
License Holder: AOD, INC. ON THE HILL TAVERN 499 BROADWAY SOMERVILLE, MA 02144 (617) 629-5302	
Mailing Address: AOD, INC. ON THE HILL TAVERN 499 BROADWAY SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) TREASURER - DENNA DENISCO PRESIDENT - ROBERT ANTONELLI SECRETARY - TIMOTHY TADDIA	
FID: 000842606	
Food Manager/Emergency Contact: TIMOTHY TADDIA 617-543-2219	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours:

3 BILLIARD 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: *Robert A. Antonelli* Date 3-2-2014
Print Name: Robert A. Antonelli Phone 617 629-5302



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: AOD INC, ON THE HILL TAVERN

Address of taxpayer/applicant's business in Somerville: 499 BROADWAY

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

Taxpayer/applicant's phone: day: 617 629-5302 evening: 781-587-1446

I, (print name) Robert Antonelli, 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 2nd day of March, 2014. [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: _____

2196 # N/A # 213 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

RECEIVED
5/23/14

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: QOO INC.
Address: 499 BROADWAY
City: Somerville State: MA Zip: 02144 Phone #: 617-629-5302
 I am an employer with 5 employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: The Hartford
Address: ~~DOWNTOWN~~ HARTFORD PLAZA
City: HARTFORD State: CONN. Zip: 06115 Phone #: 800-962-6170
Policy #: OP WEC AA 6049 Expiration Date: 7/13/2014

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: 3/2/2014
Print Name: Robert A. Antonelli

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

3. A. workers Compensation Insurance: Part one of the policy applies to the Workers Compensation Law of the states listed here: MA

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

Bodily injury by Accident	\$100,000	each accident
Bodily injury by Disease	\$500,000	policy limit
Bodily injury by Disease	\$100,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

ALL STATES EXCEPT ND, OH, WA, WY, AND STATES DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE.

D. This policy includes these endorsements and schedule:

WC 00 04 21C WC 00 04 22A WC 20 01 01 WC 20 03 03D WC 99 03 00D
SEE ENDT

4. The premium for this policy 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 Number and Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
9079 RESTAURANT NOC	103,400	1.07	1,106
TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION			1,106
MA - MERIT RATING CREDIT (9885)			.950
PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MODIFICATION			1,051
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM			1,051
EXPENSE CONSTANT (0900)			338
MASSACHUSETTS DIA ASSESSMENT 4.200 PERCENT			44
TERRORISM (9740)	103,400	.030	31
TOTAL ESTIMATED ANNUAL PREMIUM			1,464

Total Estimated Annual Premium: \$1,464
Deposit Premium:
Policy Minimum Premium: \$216 MA

Interstate/Intrastate Identification Number: / 000025340
Labor Contractors Policy Number: NAICS: 5812
UIN:
NO. OF EMP: 000018

Form WC 00 00 01 A (1) Printed in U.S.A.
Process Date: 05/25/13

Page 2
Policy Expiration Date: 07/13/14