

CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

License #:

884

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

Fee:

.00

Account ID:

273

Reference #:

884

Review and update the information below. <u>If you have workers compensation insurance</u>, 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: SOUNDBITES Business Location: 704 BROADWAY Business Phone: 617-623-8338	
License Holder: FAKHOURI INC. SOUNDBITES 704-706 BROADWAY SOMERVILLE, MA 02144 617-623-8338	C1 21
Mailing Address: FAKHOURI INC. SOUNDBITES 704-706 BROADWAY SOMERVILLE, MA 02144	Y OLERK SOMERVIL
Business Type: CORPORATION (INC. LLC) PRESIDENT - YASSER MIRZA TREASURER - YASSER MIRZA SECRETARY - YASSER MIRZA	P 2: 4
FID: 331153484	5
Food Manager/Emergency Contact: YASSER MIRZA 617-417-2098	

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 A -I have filed all State tax returns and paid all State taxes required by I	LDERMEN. law for this business.
Signature: 1055èv	Date 10-24, 14
Print Name: Jasser Mirza	Phone 6/7-623-8338

SOUNDBIT01

CGARCIA



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/3/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER AND THE CERTIFICATE HOLDER.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). Eagle Trust Insurance 707 Broadway Somerville, MA 02144 PHONE (A/C, No, Ext): (617) 625-8400 E-MAIL ADDRESS: FAX (A/C, No): (617) 625-8424 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Preferred Mutual Ins 15024 INSURED INSURER B : Sound Bites, Fakhouri, Inc. INSURER C Yasser Mirza INSURER D : 704 Broadway Somerville, MA 02144 INSURER E : INSURER F: REVISION NUMBER: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR TYPE OF INSURANCE LIMITS POLICY NUMBER INSD WVD 1,000,000 COMMERCIAL GENERAL LIABILITY A EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) X OCCUR BOP0100713322 03/22/2014 03/22/2015 X S CLAIMS-MADE X Liquor Liability 10,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE \$ PRO-JECT LOC PRODUCTS - COMP/OP AGG \$ POLICY \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ \$ BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE NON-OWNED HIRED AUTOS **AUTOS** (Per accident) \$ UMBRELLA LIAB EACH OCCURRENCE \$ OCCUR **EXCESS LIAB** AGGREGATE CLAIMS-MADE \$ S DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ N/A E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) City of Somerville is Additional Insured CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN City of Somerville ACCORDANCE WITH THE POLICY PROVISIONS. Licensing Commission Jenneen Pagliaro AUTHORIZED REPRESENTATIVE 93 Highland Ave

© 1988-2014 ACORD CORPORATION. All rights reserved.

Somerville, MA 02143



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/	applicant's business: _	Sound Bites	>
Address of taxpayer/app	licant's business in So	merville: 704 Bro	adway, Somerville, MA
			Ave # 1 Somerville, MAOZ
Taxpayer/applicant's pho	one: day: <u>617_623</u>	5_833& evening: 6/7	-4/7-2098
I, (print name) Yass hereby certify that all the	e information containe	d herein is true and correct ver has entered into an agre	igned Taxpayer, do
SIGNED UNDER THE	PAINS AND PENAL	TIES OF PERJURY, this	day of
	, 20	(Taxpayer's sig	. ,
		(Taxpayer's sig	nature)
	CITY'S ACKNO	WLEDGEMENT	
DATE OF ISSUANCE:	11-3-14 INCL	UDES RELEVANT POSTINGS THRO	PUGH:
		UDED IN CERTIFICAT	
☐ Real Estate	□ Water/Sewer	☐ Personal Property	Other:
# 2247	#3620560	10/# 224	#
NOTES:			
CLERK'S INITIALS: _	T/	ORIGINAL STAMP:	11-514

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: Fakhouri inc DBA Sound Bites and Mir Za Trust Realty
Address: 704 Broadway
City: Some VVIILE State: MA Zip: 02144 Phone #: 617-623-8338
☐ I am an employer with employees
Workers' compensation insurance information (if applicable):
Insurance Company Name: Preferred Mutual
Address: ONR Preferred way
City: New Berlin State: NY Zip: 13411 Phone #: 1-800-333-76
Policy #: 80P 0/007/3322 Expiration Date: 63/22/2015
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:Date:
Print Name:
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
Contact Person: Phone #: Other

(revised Jan. 2008)