



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

2014 NOV 20 P 1:25

**APPLICATION TO RENEW OUTDOOR SEATING LICENSE**

CITY CLERK'S OFFICE  
SOM: License #: MA

**FFDJ LLC  
89 HOLLAND ST  
SOMERVILLE, MA 02144**

**1086**  
Fee: **.00**  
Account ID: **854**  
Reference #: **1086**

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: <b>SPOKE WINE BAR</b> Business Location: <b>89 HOLLAND ST</b> Business Phone: <b>617-718-1751</b>	
License Holder: <b>FFDJ LLC 89 HOLLAND ST SOMERVILLE, MA 02144 617-718-1751</b>	
Mailing Address: <b>FFDJ LLC 89 HOLLAND ST SOMERVILLE, MA 02144</b>	
Business Type: <b>CORPORATION (INC. LLC) MANAGER - DAVID JICK MANAGER - FELISHA FOSTER</b>	
FID: <b>450613997</b>	
Food Manager/Emergency Contact: <b>FELISHA FOSTER</b> <b>617-833-3127</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**

**6 SEATS  
3 TABLES**

*Defab* No change from last year

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: *Felisha Foster* Date: 10-29-14  
Print Name: Felisha Foster Phone: 617. 833.3127



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: FFDJ LLC

Address of taxpayer/applicant's business in Somerville: 89 Hollow St 02144

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

Taxpayer/applicant's phone: day: 617 718 9463 evening: 617 833 3127

I, (print name) Dave Sick, 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 29 day of OCTOBER, 2014. [Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: 10-29-14 INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

Real Estate # 7714       Water/Sewer # 326011001       Personal Property # \_\_\_\_\_       Other: \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: JK

ORIGINAL STAMP:

RECEIVED  
10-29-14 [Signature]

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: FFDJ, Inc. DBA Spoke  
Address: 89 Holland Street  
City: Somerville State: MA Zip: 02144 Phone #: 617.718-9463

- I am an employer with 13 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: See attachment  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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: 10.29.14  
Print Name: Felisha Foster

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 \_\_\_\_\_

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE CERTIFICATE

INFORMATION PAGE

RENEWAL AGREEMENT

MA Retail Merchants WC Group Inc.  
 PO Box 859222-9222  
 Braintree, MA 01285  
 (Carrier Code: 34355)

Producer: Agent# 5960  
 Association Benefits Insurance Age  
 299 Ballardvale St, Suite 1  
 Wilmington, MA 01887  
 Certificate #: 014005033288114  
 Prior Certificate #: 014005033288113

1. The Employer: Spoke Wine Bar  
 FFDJ LLC  
 Mailing Address: 89 Holland St  
 Somerville, MA 02144

Other workplaces not shown above: NO OTHER WORKPLACES FOR THIS POLICY  
 Fein: 450613997  
 Type of Business: Limited Liability Co  
 Risk ID:

2. The certificate period is from 12:01 a.m. on 1/01/2014 to 12:01 a.m. on 1/01/2015 at the insured's mailing address.

3. A. Workers Compensation Coverage: Part One of the certificate applies to the Workers Compensation Law of the states listed here:  
 MA

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

Bodily Injury by Accident	\$ <u>100,000</u>	each accident
Bodily Injury by Disease	\$ <u>500,000</u>	certificate limit
Bodily Injury by Disease	\$ <u>100,000</u>	each employee

C. Other States Coverage:

D. This certificate includes these endorsements and schedules:

WC000000A(04/92) WC000308(04/84) WC000414(07/90) WC000422A(09/08) WC200301(04/84)  
 WC200302(05/86) WC200303B(07/99) WC200405(06/01) WC200601(06/92)

4. The contribution for this certificate 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 No.	Contribution Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Contribution
-----------------	----------	--	--------------------------------------	-------------------------------------

SEE SCHEDULE OF OPERATIONS

Total Estimated Annual Contribution 2,678.00

Minimum Contribution \$ 216.00 Expense Constant \$ .00

WC 00 00 01 A Issue Date: 1/30/2014 Countersigned by \_\_\_\_\_