



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Billiards and Bowling License

FLATBREAD SOMERVILLE INC
45 DAY STREET
SOMERVILLE MA 02144

License #: BL15-000872
File #: 15-242
Fee: 1000

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: FLATBREAD SOMERVILLE INC Business Location: 45 DAY ST Business Phone: 617-776-0552	
License Holder: FLATBREAD SOMERVILLE INC 45 DAY STREET SOMERVILLE MA 02144	
Mailing Address: FLATBREAD SOMERVILLE INC 45 DAY STREET SOMERVILLE MA 02144	
Business Type: Corporation JAY GOULD PAT MEEHAN JOHN MEEHAN	
FID: 264663936	
Emergency Contact: EVAN FETRAS Phone:	
# of Tables: 0 # of Lanes: 10	

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: _____ Date: _____

Printed Name: _____ Phone: _____

APPLICATION FOR A BILLIARDS & BOWLING LICENSE

Nonrefundable Application Fee \$100/table or alley

Date

4.28.15

FOR CITY CLERK'S OFFICE ONLY

Date Recorded

Amount Paid

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Business (DBA) Name: Flatbread Company Inc Phone: 617.776.0552

Applicant's Federal Employer Identification Number: 264 463 936

Applicant's Legal Name: Flatbread Company Somerville Inc

Applicant's Address (with Zip Code): 45 Day St Somerville MA 02144

Mailing Name (where we should send correspondence to): Same

Mailing Address (with Zip Code): 45 Day St Somerville MA 02144

Emergency Contact: Evan Fetras Phone: 603.793.5959

Type of Business (Check Only One and Provide 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: _____

Name of President: _____

Name of Secretary: _____ Name of Treasurer: _____

☒ **LLC:** Name of LLC: Flatbread Company

Names of All Managers Who Own More Than 10%: John Meehan

Jay Gould

☐ **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

2015 APR 30 11:58
CITY CLERK'S OFFICE
SOMERVILLE, MA

Business (DBA) Name:

Flatbread Somerville

Number to be licensed:

Billiard Tables

10

Bowling Alleys

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Signature of Applicant:

Evan Petra

Date:

4.26.15

Print Name:

Evan Petra

Phone:

4.26.15

FOR NEW APPLICANTS OR APPLICANTS ADDING TABLES OR ALLEYS:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The Inspectional Svcs. Dept. recommends that the application be: ☐ Approved ☐ Denied

Signature

Date

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be:

☐ Approved

☐ Denied

Signature

Date



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Flatbread Company

Address of taxpayer/applicant's business in Somerville: 45 Day St Somerville

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

Taxpayer/applicant's phone: day: 617 776 0552 evening: 603 793 5959

I, (print name) Ryan Felras, 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 28 day of April, 2015. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>45710</u>	# <u>32204301</u>	# <u>374</u>	# _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: 

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Flatbread Company
Address: 45 Day St
City: Somerville State: MA Zip: 02144 Phone #: 617 776 0552
☒ I am an employer with 40 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: ITT Hartford
Address: One Hartford Plaza
City: Hartford State: CT Zip: 06155 Phone #: 1 800 327 3636
Policy #: 08 WEL LD 7881 Expiration Date: 2.5.14

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: 4.28.15
Print Name: Evam Fetras

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 _____