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

2015 LICENSE
PAST DUE

Application to Renew Billiards and Bowling License

AOD, INC.
499 BROADWAY
SOMERVILLE MA 02144

License #: BL15-000883
File #: 15-177
Fee: 330

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: AOD, INC. Business Location: 499 BROADWAY Business Phone: (617) 629-5302	
License Holder: AOD, INC. 499 BROADWAY SOMERVILLE MA 02144	
Mailing Address: AOD, INC. 499 BROADWAY SOMERVILLE MA 02144	
Business Type: Corporation ROBERT ANTONELLI DENNA DENISCO MARK ANTONELLI	
FID: 000842606	
Emergency Contact: MARK ANTONELLI Phone: 617-584-7321	
# of Tables: 3 # of Lanes: 0	

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: 2-21-2016

Printed 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

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: 781-771-3470

I, (print name) Robert A. 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 21 day of Feb, 2016. Robert A. Antonelli
(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: _____

2217 # N/A # 227 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

Received
Barrett

3-2-15

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: AOD, INC
Address: 499 BROADWAY
City: SOMERVILLE State: MASS Zip: 02144 Phone #: 617-629-5302
☒ I am an employer with 14 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: 1 HARTFORD PLAZA
City: HARTFORD State: CT Zip: 06105 Phone #: 800-447-7649
Policy #: 08 WEC AA6049 Expiration Date: 07/2016

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: 2/21/2016
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 _____