

TH TO 1AM
FR-SA TO 2AM
FOR DELIVERIES ONLY

APPLICATION FOR EXTENDED OPERATING HOURS

Application Fee \$500.00

Date 3/11/2010

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 3/11/10 - MS
Amount Paid \$500.00 ck# 1919

- New Application
- Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

CITY CLERK'S OFFICE
2010 MAR 11 PM 5:56

Business Name: Farah Enterprises Inc Phone: 617-721-6066

Business DBA Name (if applicable): Dominos Pizza

Address with Zip Code: 201 Elm St Somerville

Tax Identification Number: 20-8771916 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): Dominos Pizza

Address with Zip Code: 7 Desmond Ave Watertown Ma 02472

Property Owner Name: I&C Corporation Phone: 617-247-7905

Address with Zip Code: _____

Emergency Contact 1: Mohammad Sibai Phone: 617-721-6066

Emergency Contact 2: _____ Phone: _____

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

Extended hours requested (include hours of operation and days of week) _____

Type of business Take Out - Restaurant

Length of time at this location 20 years

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.

Signature of Applicant: [Signature] Date: 3/11/2010

Print Name: Mohammad Sibai Phone: 617-721-6066

POLICE DEPT. (for new applicants or applicants further extending their hours):

The Chief of Police recommends that the application be

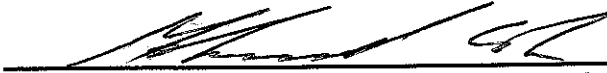
Approved

Denied

Signature: _____ Name and Title: _____

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION**

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 Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

20-877-1916

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Farah Enterprises Inc / dba Dominos Pizza

Address of taxpayer/applicant's business in Somerville: 201 Elm St

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

Taxpayer/applicant's phone: day: 617-721-6066 evening: 617-721-6066

I, (print name) Mohammad Sibai, 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 11th day of March, 2010. [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: _____
20665142 # 313047031 # 300000593 # _____

NOTES: _____
CLERK'S INITIALS: UR

ORIGINAL STAMP: **received**
[Signature]

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: Farah Enterprises Inc dba Dominos Pizza
Address: 201 Elm St
City: Somerville State: Ma Zip: 02472 Phone #: 617-721-6066

- I am an employer with 45 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: Acadia Insurance
Address: 2510 E Irwin Pierre, SD
City: Pierre State: SD Zip: 57501 Phone #: 800-634-4589
Policy #: WC-20-20-000198-01 Expiration Date: 5/30/2010

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: 3/11/2010
Print Name: Mohammad Sibai

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 _____