

CH # 3024430  
\$150-

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

**APPLICATION TO RENEW OUTDOOR SEATING LICENSE**

**PAVAN RESTAURANT GROUP INC  
DIVA INDIAN BISTRO C/O ONE WORLD CUISINE  
577 MASSACHUSETTS AVENUE  
CAMBRIDGE, MA 02139**

License #: 874

Fee: 150.00

Account ID: 157

Reference #: 874

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: For <b>DIVA INDIAN BISTRO</b> Business Location: <b>246 ELM ST</b> Business Phone: <b>617-629-4963</b>	
License Holder: <b>PAVAN RESTAURANT GROUP INC DIVA INDIAN BISTRO 246 ELM STREET SOMERVILLE, MA 02144 617-629-4963</b>	
Mailing Address: <b>PAVAN RESTAURANT GROUP INC 577 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>TREASURER - AMRIK PABLA</b> <b>SECRETARY - JAGDISH SINGH</b>	
FID: <b>043482278</b>	
Food Manager/Emergency Contact: <b>JASWINDER SINGH</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**

- 8 SEATS
- 1 MISCELLANEOUS GOOD
- 4 TABLES

Description of Location and/or Other Conditions:

Misc. Goods: 1 Banner Sign.

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: 03/12/13

Print Name: JASWINDER PABLA

Phone: (617) 629-4963

## IMPORTANT

It's time to renew your Outdoor Seating and Goods license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee and with evidence that 1) your \$5,000 Licenses and Permits Bond remains in effect, OR 2) your business liability insurance lists the City as an Additional Insured. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business: DIVA INDIAN BISTRO  
Somerville Address and Zip Code: 246 ELM STREET, SOMERVILLE, 02143  
Phone Number of the Business: 617-629-4963

The Legal Name of the License Holder: JASWINDER PARLA  
Street Address of the License Holder: 246 ELM STREET  
City, State and Zip Code of the License Holder: SOMERVILLE, MA, 02143  
Phone Number of the License Holder: 617-629-4963

Where We Should Send Mail: Name: JASWINDER PARLA  
Street Address: 577 MASSACHUSETTS AVE  
City, State and Zip Code: Cambridge, MA, 02143

Federal ID # (Do Not Give a Social Security #): 04 348227R

Emergency Contact and his/her Phone Number: 617-519-6683

Type of Business (Check Only One and Print 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: PAVAN RESTAURANT GROUP INC

Name of President: JASWINDER PARLA

Name of Secretary: JAGDISH SINGH Name of Treasurer: AMRIK PARLA

☐ LLC: Name of LLC: \_\_\_\_\_

Names of All Managers: \_\_\_\_\_

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

**ACKNOWLEDGEMENT:** 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 Somerville Licensing Commission.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: 

Date 03/12/13



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: PAVAN RESTAURANT GROUP INC

Address of taxpayer/applicant's business in Somerville: 246 ELM STREET, SOMERVILLE, MA,  
0214

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

Taxpayer/applicant's phone: day: 617-629-4963 evening: 617-629-4963

I, (print name) JASWINDER PAGLA, 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 \_\_\_\_\_ day of

\_\_\_\_\_, 2012. [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: \_\_\_\_\_

# ~~478~~ # 322013001 # 478 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:



RECEIVED  
Barrows  
3-12-13

**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: DIVA INDIAN BISTRO  
Address: 246 ELM ST.  
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-629-4963  
☒ I am an employer with 2 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: Public Service Mutual Insurance Co.  
Address: One Park Ave  
City: New York State: NY Zip: 10016 Phone #: 617 262 4770  
Policy #: WC 018471 Expiration Date: 04/01/2013

**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: Jaswinder Pabla

*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