

2 POOL TABLES

### APPLICATION FOR A BILLIARD/POOL TABLE & BOWLING ALLEY LICENSE

Application Fee \$60.00 per table or alley

Date APRIL 20 2011

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>4/25/11 - MS</u>
Amount Paid	<u>120.00 ck # 18190</u>

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

Applicant's Legal Name: DIESEL CAFE INC. Phone: (617) 629-8717

Applicant's Address (with Zip Code): 257 ELM STREET SOMERVILLE MA 02144

Applicant's Email Address: JENPARK@DIESEL-CAFE.COM

Applicant's Federal Employer Identification Number: 04 3412158

Business DBA Name (if applicable): DIESEL CAFE

Business Location (with Zip Code): 257 ELM STREET SOMERVILLE MA 02144

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

Mailing Address (with Zip Code): 257 ELM STREET SOMERVILLE MA 02144

Emergency Contact: TUCKER LEWIS Phone: (857) 998 1657

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

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: JENNIFER PARK

Address with Zip Code: 12 ELDER TERR. ARLINGTON MA 02474

Partner's/Member's/Secretary's Name: TUCKER LEWIS

Address with Zip Code: 155 FAYERWEATHER ST. CAMBRIDGE MA 02138

Partner's/Member's/Treasurer's Name: TUCKER LEWIS

Address with Zip Code: 155 FAYERWEATHER ST. CAMBRIDGE MA 02138

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
2011 APR 25 P 2:04

Number to be licensed: \_\_\_\_\_ Billiard Tables 2 Pool Tables \_\_\_\_\_ 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.

Signature of Applicant: \_\_\_\_\_ Date: APRIL 20 2011  
Print Name: TUCKER LEWIS Phone: (857) 998 1657

**FOR NEW APPLICANTS OR APPLICANTS ADDING TABLES OR ALLEYS:**

**INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:**

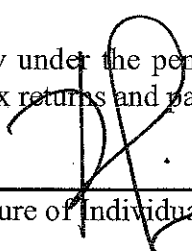
The Inspectional Svcs. Dept. recommends that the application be: \_\_\_\_\_ Approved \_\_\_\_\_ Denied  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**POLICE DEPARTMENT RECOMMENDATION:**

The Chief of Police recommends that the application be: \_\_\_\_\_ Approved \_\_\_\_\_ Denied  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**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.

  
TUCKER LEWIS IF DIESEL CAFE INC.  
\_\_\_\_\_  
\*Signature of Individual or Corporate Name (Mandatory)

TUCKER LEWIS - CLERK  
\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

EIN# 043412158  
\_\_\_\_\_  
\*\*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: DIESEL CAFE INC.

Address of taxpayer/applicant's business in Somerville: 257 ELM STREET SOMERVILLE MA 0214

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: (617) 629 8717 evening: (857) 990 1657

I, (print name) TUCKER LEWIS OF DIESEL CAFE INC., 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 20TH day of APRIL, 20 11.

(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: \_\_\_\_\_

# 05227032      # 313051001      # 30054400      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: UB

ORIGINAL STAMP:

 **RECEIVED**  
UB  
4-25-11

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: DIESEL CAFE INC.  
Address: 257 ELM STREET  
City: SOMERVILLE State: MA Zip: 02144 Phone #: (617) 629 8717

- I am an employer with 26 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: NORFOLK DEDHAM COMPANY  
Address: 222 AMES STREET  
City: DEDHAM State: MA Zip: 02027 Phone #: 1(800) 688 1825  
Policy #: # WE077278A Expiration Date: 5/28/11

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: APRIL 20 2011  
Print Name: TUCKER LEWIS

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