Edith Hodriguez (857)246-0953

9

APPLICATION FOR EXTENDED OPERATING HOURS

Nonrefundable Application Fee \$550.00	FOR CITY CLERK'S OFFICE ONLY
111	Date Recorded
Date 1/4/15	Amount Paid
New Application	
Renewing Application with Additions or Chan	ges
Renewing Application with NO Additions or C	Changes
De Di15	PIZZERIET
Business (DBA) Name:	zeri 4-15 rill Phone: (617) 628 - 5553
Applicant's Federal Employer Identification Num	
Applicant's Legal Name: Edith A	Kodrigue 2
Applicant's Address (with Zip Code): 41 Lind-	en st Apt 2 Everett MA 021
Mailing Name (where we should send correspondence to): Edith A. Rodriguez
Mailing Address (with Zip Code): 516 B Medfor	dst Somerville MA 02145
Mailing Address (with Zip Code): 516 B Medford Emergency Contact: Francisco Rodrig	Je 2 Phone: (781) 475-0111
J	
Type of Business (Check Only One and Provide	
Sole Proprietor: Name of Owner: Editor	h A. Rodriguez
Partnership (inc. LLP): Name of Partnershi	ip:
Names of All Partners Who Own More Than	10%:
Trust: Name of Trust:	0 1
Names of All Trustees Who Own More Than	10%:
	EC 1
Corporation: Name of Corporation:	VRR L
Name of President:	im
Name of Secretary:	
LLC: Name of LLC:	
Names of All Managers Who Own More Tha	ui 10/0
Other (Attach a Description of the Form of C	Ownership and the Names of Owners)

Pepils Pizzeria
Business (DBA) Name Capiese Provent A Gritt
Business (DBA) Name Capiest frazeria H Gritt Extended hours requested (include hours of operation and days of week) Monday - Wednusday Thursday, Friday Saturday Ilam - 2 am Every day Every day
Type of business Restaurant / Pizzeria.
Length of time at this location
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: Att Date: 1/29/15 Print Name: Edith A. Rodriguez Phone: (851) 246-095 3
Print Name: Edith A. Rodriguez Phone: (851) 246-0953
POLICE DEPT. (for new applicants or applicants further extending their hours):
The Chief of Police recommends that the application be
Approved
Denied
Signature: Relation Name and Title: Paul R. Town
Signature: Gent Town Name and Title: Park R. Town Deputy Chief

Ly Pr.



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

CERTIFICATE OF GOOD STANDING
Exact name of taxpayer/applicant's business: Edith A. Rodriguez
Exact name of taxpayer/applicant's business.
Address of taxpayer/applicant's business in Somerville: 5 16 3 14 16 16 16 16 16 16 16 16 16 16 16 16 16
Address of taynaver/applicant's nome in Sometime.
Taxpayer/applicant's phone: day: (857) 246-0953 evening: (857) 246-0953
I, (print name) Full A. Podrigue Z., 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 food and is current on said agreement.
and roos and is control of the state of the
SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 26 day of
CITY'S ACKNOWLEDGEMENT
DATE OF ISSUANCE: INCLUDES RELEVANT POSTINGS THROUGH:
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:
Other:
10008 # 208088001 # 848
NOTES:
CLERK'S INITIALS: ORIGINAL STAMP:
SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143

(617) 625-6600 Ext. 3500 • TTY: (866) 808-4851 • Fax: (617) 666-9682 WWW.SOMERVILLEMA.GOV

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: Edith A. Redrigvez Address: 5/6 B. Mediford 5+ City: Simerville State: MA zip: 02/45 Phone #: (617) 628-5555		
☐ I am an employer with employees Business Type: ☐ Retail (full and/or part time). ☐ Restaurant/Bar/Eating Establishment ☐ I am a sole proprietor or partnership and have no employees. ☐ Office and/or Sales (real estate, auto, etc.) Nonprofit ☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Manufacturing ☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Other		
Insurance Company Name: Hart Ford Underwriters Ins Co		
Address: PD BCK 3556		
City: Orlando State: FL Zip: 32802 Phone #: (800) 453 - 984		
Insurance Company Name: Hart Ford Violer writers Ins Co Address: PO BCX 3556 City: Orlando State: FL Zip: 32802 Phone #: (800) 453-984 Policy #: 92196-0186280 Expiration Date: 1/22/16		
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: 1/4/15		
Signature: Edith R Date: 1/4/15 Print Name: Edith rodrad gmail. com		
Official use only. Do not write in this area. To be completed by city or town official.		
City or Town: Permit/License #: Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office Contact Person: Phone #: Other		

(revised Jan. 2008)

Oya Cuban Café

121 Exchange St.

Malden, MA 02148

(781) 322-1834

January 31, 2015

To whom it may concern:

My name is Roberto Niubo and I have known Edith Rodriguez for over 2 years. She has worked for me as a server at Oya Cuban Cafe where I am the owner.

Throughout the time I've known her, she has shown me responsibility, professionalism and dedication to the job.

During her time here, she was punctual and honored her given schedule. In relation with her coworkers, she was a team player, showed them respect and worked well with others

In summation, due to her great attitude, dedication and professionalism, I would heartily recommend her to whom this letter may concern. I am sure that she would not let you down and would be as responsible as she has been to mine.

Please don't hesitate to contact me if I can be of further assistance. I can be reached at cell: (786) 277-5222 or at the store number: (781) 322-1834

Sincerely,

Roberto Niubo

Oya Cuban Café owner.

To Whom It May Concern:

This reference letter is given to Edith Rodriguez; who has been residing at my premises on 41 Linden St. Apt. 2 Everett, MA 02149 for approximately 4 years. However, I have known her for over 7 years.

She is and has been responsible and timely in their rent payments which are due the first day of each month.

There had been no complaints from their neighbors and they had kept the rental unit and its surrounding area clean and tidy.

I am pleased to say that she is a respectful and helpful tenant. They have never made any unreasonable demands or complaints during their stay.

If I can assist you with further information regarding Edith Rodriguez, please feel free to contact me at (617)908-7142

Thanks,

Felipe Ayala

FELIPE AYALA

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CITY OF SOMERVILLE MAGOUN SQ PARKING LOT 93 HIGHLAND AVE SOMERVILLE, MA 02143 HOFFMAN KRISTEN & ANDREW 23 FISKE AVE SOMERVILLE, MA 02144 DESLANDES MARIA LEVINA G DESLANDES CAIO L 159 WALNUT ST SOMERVILLE, MA 02145

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MCPHERSON EDWARD 55 HUDSON ST SOMERVILLE, MA 02143

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DIRUSSO TARA TRUSTEE 510-512 MEDFORD STREET REALTY TRUS PO BOX 440202 C/O CJ SILLARI SOMERVILLE, MA 02144 DEFREITAS OLGA C 8 HINCKLEY ST SOMERVILLE, MA 02145 RICHARDSON TERRACE LLC 6 UTICA ST LEXINGTON, MA 02420

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BERNIS WALTER J & CRYSTAL M 9 FISKE AVE SOMERVILLE, MA 02145 RIBEIRO RICHIE 30 FISKE AVE SOMERVILLE, MA 02145 KASSA TAZASHWORK F 352 LOWELL ST SOMERVILLE, MA 02145

BELEW GENEVIEVE M 11 FISKE AVE SOMERVILLE, MA 02145 PARK WILLIAM SUNG WEN 28 FISKE AVE SOMERVILLE, MA 02145 CURTIN EDWARD J 5 LOWELL TERR SOMERVILLE, MA 02145

PHILLION MARY 13 FISKE AVE SOMERVILLE, MA 02145 JUAREZ ABELINO PERDOMO LUZ 24 FISKE AVE SOMERVILLE, MA 02144 OFOEDU AFAM E & MONICA 12 ARCHIBALD AVE METHUEN, MA 01844

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PAUL ANNE
3 VINAL ST
SOMERVILLE, MA 02145

LOUGHMAN MARK F & LEE VALERIE 396 LOWELL ST READING, MA 01867

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ARLINGTON, MA 02476

40 SHELLEY RD

GIOVANANGELO FRANK G TRSTEE FRANK G GIOVANANGELO LVIING TRUS' 248 ALBION ST #248 WAKEFIELD, MA 01880

OBIERIKA FLORENCE NOSIKE SAMPSON O

KOTZUBA JAMES M & NANCY

11 RICHARDSON ST

SOMERVILLE, MA 02145

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1 RICHARDSON TERR

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496 MEDFORD ST

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