



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

**APPLICATION TO RENEW OUTDOOR SEATING LICENSE**

**DAVIS SQUARE FOOD SERVICES, INC.  
BOSTON BURGER COMPANY  
37 DAVIS SQUARE  
SOMERVILLE, MA 02144**

License #: **1010**  
Fee: **150.00**  
Account ID: **686**  
Reference #: **1010**

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: <b>BOSTON BURGER COMPANY</b> Business Location: <b>37 DAVIS SQ</b> Business Phone: <b>(617)623-6700</b>	
License Holder: <b>DAVIS SQUARE FOOD SERVICES, INC. BOSTON BURGER COMPANY 37 DAVIS SQUARE SOMERVILLE, MA 02144 (617)623-6700</b>	
Mailing Address: <b>DAVIS SQUARE FOOD SERVICES, INC. BOSTON BURGER COMPANY 37 DAVIS SQUARE SOMERVILLE, MA 02144</b>	
Business Type: <b>CORPORATION (INC. LLC) PRESIDENT - CHARLES SILLARI SECRETARY - CHARLES SILLARI TREASURER - CHRISTINE NOLAN</b>	
FID: <b>043566534</b>	
Food Manager/Emergency Contact: <b>CHARLES SILLARI</b> <b>617-628-1110</b>	

2013 MAY 27 AM 11:25  
 CITY CLERK'S OFFICE  
 SOMERVILLE, MA

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**

- 10 SEATS
- 1 A-FRAME SIGNS
- 5 TABLES

Description of Location and/or Other Conditions:

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: *Paul M. [Signature]* Date 11/18/13

Print Name: Paul M. [Signature] Phone 617-440-7361



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: DAVIS SAVANE FOOD SERVICES

Address of taxpayer/applicant's business in Somerville: 3 HOLLAND ST.

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

Taxpayer/applicant's phone: day: 617-440-7361 evening: 617-440-7361

I, (print name) PAUL MALVONE, 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 18<sup>TH</sup> day of NOVEMBER, 2013. [Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: 11-27-13 INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_

# 765      # \_\_\_\_\_      # \_\_\_\_\_      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: 

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: DAVIS SQ FOOD SERVICES

Address: 37 DAVIS SQ

City: SOMERVILLE

State: MA

Zip: 02144

Phone #:

I am an employer with 32 employees  
(full and/or part time).

I am a sole proprietor or partnership and have no employees.

We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.

We are a nonprofit organization staffed by volunteers and have no employees.

Business Type:

Retail

Restaurant/Bar/Eating Establishment

Office and/or Sales (real estate, auto, etc.)

Nonprofit

Entertainment

Manufacturing

Health Care

Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: NORFOLK + DUBLIN

Address: 222 AMES ST.

City: DUBLIN

State: MA

Zip: 02026

Phone #:

Policy #: WE 095031A

Expiration Date: 11/30/14

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: Paul Malone

Date: 11/18/13

Print Name: PAUL MALONE

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  
 Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_