

3 pool tables

APPLICATION FOR A BILLIARD/POOL TABLE & BOWLING ALLEY LICENSE

200 MAR 11 P 4:17

Application Fee \$60.00 per table or alley

Date 3-10-2010

CITY CLERK'S OFFICE	
FOR CITY CLERK'S OFFICE ONLY, MA	
Date Recorded	<u>3-11-2010</u>
Amount Paid	<u>\$180.00</u>

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

Business Name: AOD, INC Phone: 617 629-5302

Business DBA Name (if applicable): On The Hill TAVERN

Address with Zip Code: 499 BROADWAY Somerville, Ma 02144

Tax Identification Number: 04-3766634 Check one: SSN FEIN

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

Address with Zip Code: _____

Property Owner Name: Ming Wang Phone: _____

Address with Zip Code: 509 BROADWAY Somerville, Ma 02144

Emergency Contact 1: TIM TADDIA Phone: 617 543-2219

Emergency Contact 2: BOB Antonelli Phone: 281-771-3470

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: ROBERT A. Antonelli

Address with Zip Code: 22 Robin Road WAKEFIELD, Ma. 01880

Partner's/Member's/Secretary's Name: TIM TADDIA

Address with Zip Code: 50 WHEATLAND Street Somerville, Ma 02144

Partner's/Member's/Treasurer's Name: DEENA MAZZA-DENISCO

Address with Zip Code: 105 CLEVELAND AVE. EVENETT MA 02149

Number to be licensed: _____ Billiard Tables 3 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: Robert A. Antonelli Date: 3-10-2010
Print Name: Robert A. Antonelli Phone: 617 629-5302

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.

AOD INC

*Signature of Individual or Corporate Name (Mandatory)

Robert A. Lyford

By: Corporate Officer (Mandatory, if a corporation)

04-3766634

**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: AOD INC

Address of taxpayer/applicant's business in Somerville: 499 BROADWAY

Address of taxpayer/applicant's home in Somerville: 50 WHEATLAND ST Somerville

Taxpayer/applicant's phone: day: ⁽⁶¹⁷⁾ ~~781~~ 629-5302 evening: 617 543-2219

I, (print name) TIM TADDIA, 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 10 day of March, 2010. Tim Taddia
(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: _____
13428090 # No Water # 30052070 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: **received**
[Signature] / 10

**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: AD0 INC.
 Address: 499 BROADWAY
 City: Somerville State: MA Zip: 02144 Phone #: 617 629-5302

- | | |
|---|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input checked="" type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input type="checkbox"/> Nonprofit |
| | <input checked="" type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Health Care |
| | <input type="checkbox"/> Other |

Workers' compensation insurance information (if applicable):

Insurance Company Name: TWIN CITY FIRE INSURANCE COMPANY
 Address: ONE PARK PLACE 300 S. STATE ST
 City: SYRACUSE State: NY Zip: 13202 Phone #:
 Policy #: 08 WEC AA6049 Expiration Date: 7/13/2010

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: ~~Robert A. Antonelli~~ R Antonelli Date: 3/10/2010
 Print Name: Robert A. Antonelli

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 #: _____

<input type="checkbox"/>	Board of Health
<input type="checkbox"/>	Building Department
<input type="checkbox"/>	City/Town Clerk
<input type="checkbox"/>	Licensing Board
<input type="checkbox"/>	Selectmen's Office
<input type="checkbox"/>	Other

(revised Jan. 2008)