



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

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

**TERRANOVA, INC.
MIKE'S RESTAURANT
8-9 DAVIS SQUARE
SOMERVILLE, MA 02144**

License #: 1009

Fee: 150.00

Account ID: 371

Reference #: 1009

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: MIKE'S RESTAURANT Business Location: 8 DAVIS SQ Business Phone: (617)628-2379	
License Holder: TERRANOVA, INC. MIKE'S RESTAURANT 8-9 DAVIS SQUARE SOMERVILLE, MA 02144 (617)628-2379	
Mailing Address: TERRANOVA, INC. MIKE'S RESTAURANT 8-9 DAVIS SQUARE SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) SECRETARY - JOHN TERRANOVA TREASURER - JOHN TERRANOVA PRESIDENT - RAYMOND TERRANOVA	
FID: 042889647	
Food Manager/Emergency Contact: RAYMOND TERRANOVA	<i>Maria Terranova 617 628 2379</i>

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**

**16 SEATS
8 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: *Maria Terranova*

Date

Print Name: *Maria Terranova*

Phone *617 628 2379*

UC&S***SURETY BONDS***

United Casualty and Surety Insurance Company
1250 Hancock Street, Suite 803N, Quincy, Massachusetts 02169

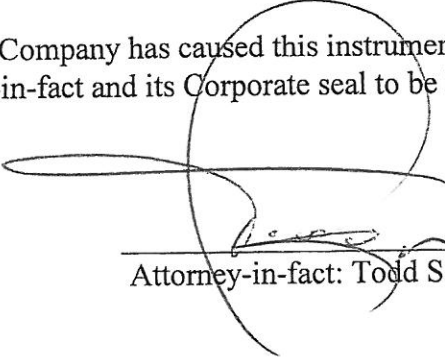
CONTINUATION CERTIFICATE

BOND NO: 001907
BOND TYPE: License & Permit Bond
ISSUED ON BEHALF OF: Raymond Terranova
IN THE AMOUNT OF: \$5,000.00
ISSUED IN FAVOR OF: City of Somerville –
Mike's Restaurant
9 Davis Square, Somerville, MA
ISSUED ON: April 17, 2003

Continues in force for the (extended) term ending on **January 1, 2015** subject to all the covenants and conditions of said bond.

This continuation is executed upon the express condition that the Company's liability shall not be cumulative and shall be limited at all times by the amount of penalty stated in the bond.

IN WITNESS WHEREOF, the Company has caused this instrument to be signed by its duly authorized Attorney-in-fact and its Corporate seal to be hereto affixed this 6th day of January, 2014.



Attorney-in-fact: Todd S. Carrigan

Db ref: 001907RW0114



CITY OF SOMERVILLE, MASSACHUSETTS

Treasury Department

JOSEPH A. CURTATONE

MAYOR

CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: _____

BUSINESS LOCATION: 5-9 Davis St. AND/OR

TAXPAYER'S HOME ADDRESS: _____

TAXPAYER/APPLICANT PHONE: DAY: _____ EVENING: _____

BUSINESS NAME: Mikes Restaurant

BUSINESS ID NUMBER: _____ BUSINESS PHONE: _____

I (print name) _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville 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 _____,

20_____. _____ (Taxpayer's Signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____

TAXES AND ACCOUNT NUMBER(S)

**REAL ESTATE ID

**WATER/SEWER ID

**PERSONAL PROPERTY

**OTHER

4491

661076001

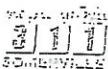
N/A

NOTES:

CLERKS INITIALS: (Signature)

BUSINESS or BUILDING
PERMIT

ORIGINAL STAMP



RECEIVED

12/10/13

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: Terranova Inc dba Mike's Restaurant
Address: 9 Davis Sq
City: Somerville State: MA Zip: 02144 Phone #: 617 6282379

- ☒ I am an employer with 18 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: Mass Insurance
Address: 263 Elm St
City: Somerville State: MA Zip: 02144 Phone #: 617 7761640
Policy #: 640B4857P21-773 Expiration Date: 11-26-14

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: Maria [Signature] Date: _____

Print Name: Maria [Signature]

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 _____