

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

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

TAMARIO INC
DALI RESTAURANT
415 WASHINGTON ST
SOMERVILLE, MA 02143

License #: **926**

Fee: **150.00**

Account ID: **233**

Reference #: **926**

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: For DALI RESTAURANT Business Location: 415 WASHINGTON ST Business Phone: 617-661-3254	
License Holder: TAMARIO INC DALI RESTAURANT 415 WASHINGTON ST SOMERVILLE, MA 02143 617-661-3254	
Mailing Address: TAMARIO INC 415 WASHINGTON ST SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) TREASURER - MARIO LEON PRESIDENT - TAMARA BOURSO	
FID: 043376056	
Food Manager/Emergency Contact: MARIO LEON	

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**

2 MISCELLANEOUS GOOD

Description of Location and/or Other Conditions:
Misc. Goods: 2 Benches.

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: Mario Leon

Date: 11/14/12

Print Name: Mario Leon

Phone: 617 661 3254

IMPORTANT

It's time to renew your Outdoor Seating and Goods license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. **Return all 4 pages with your fee and with evidence that 1) your \$5,000 Licenses and Permits Bond remains in effect, OR 2) your business liability insurance lists the City as an Additional Insured. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.**

The DBA Name of the Business: Dali Restaurant & Tapas Bar
Somerville Address and Zip Code: 415 Washington ST 02143
Phone Number of the Business: 617 661 3254

The Legal Name of the License Holder: Tamario inc
Street Address of the License Holder: 415 Washington ST
City, State and Zip Code of the License Holder: Somerville MA 02143
Phone Number of the License Holder: 617 661 3254

Where We Should Send Mail: Name: Dali Restaurant - TAMARIO INC
Street Address: 415 Washington ST
City, State and Zip Code: Somerville MA 02143

Federal ID # (Do Not Give a Social Security #): 043 376 056

Emergency Contact and his/her Phone Number: ~~617~~ TAMARA BOURSO - 617 926-1076

Type of Business (Check Only One and Print the Names Indicated):

☐ Sole Proprietor: Name of Owner: _____

☐ Partnership (inc. LLP): Name of Partnership: _____

Names of All Partners Who Own More Than 10%: _____

☐ Trust: Name of Trust: _____

Names of All Trustees Who Own More Than 10%: _____

☒ Corporation: Name of Corporation: TAMARIO INC

Name of President: TAMARA BOURSO

Name of Secretary: MARIO LEON Name of Treasurer: MARIO LEON

☒ LLC: Name of LLC: TAMARIO INC

Names of All Managers: Cesar soldado - Claudia Chaparro.
Emily Matthews

Other (Attach a Description of the Form of Ownership and the Names of the Owners)

ACKNOWLEDGEMENT: 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 Somerville Licensing Commission.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Mario Leon Date 1/14/12



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Tamario inc / DBA Dali Restaurant & Tapas Bar.
Address of taxpayer/applicant's business in Somerville: 415 Washington ST.

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617 661 3254 evening: 617 926 1076

I, (print name) MARIO LEÓN, 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 14th day of October, 20 12. Mario Leon
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

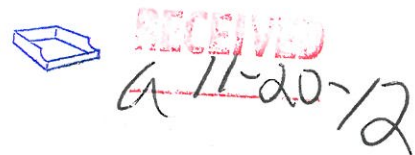
☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

08315036 # 24707100 # 1380 # _____

NOTES: 15671

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: Tamayo Inc / DBA Dali Restaurant & Tapas bar
Address: 415 Washington ST
City: Somerville State: MA Zip: 02143 Phone #: 617 661 3254

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I am an employer with <u>38</u> employees (full and/or part time).
<input type="checkbox"/> I am a sole proprietor or partnership and have no employees.
<input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
<input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | Business Type: <input type="checkbox"/> Retail
<input checked="" type="checkbox"/> Restaurant/Bar/Eating Establishment
<input type="checkbox"/> Office and/or Sales (real estate, auto, etc.)
<input type="checkbox"/> Nonprofit
<input 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: Paramount Insurance Company
Address: One Park Ave New York - NY 10016
City: New York State: NY Zip: 10016 Phone #: _____
Policy #: WC-028375-12 Expiration Date: 08-01-2013

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: Mario Leon Date: 11-15-12
Print Name: Mario Leon

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____	Permit/License #: _____	<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 _____
Contact Person: _____	Phone #: _____	