

**APPLICATION FOR A BILLIARD/POOL TABLE
& BOWLING ALLEY LICENSE**

Application Fee \$60.00 per table or alley

Date APRIL 11, 2011

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>4/20/11 - MS</u>
Amount Paid	<u>\$60.00 ck# 4129</u>

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

Applicant's Legal Name: DDH HOTEL SOMERVILLE LLC Phone: 617-628-1000

Applicant's Address (with Zip Code): HOLIDAY INN
30 WASHINGTON ST, SOMERVILLE MA 02143

Applicant's Email Address: DSHAMOIAN@DISTINCTIVEHOSPITALITYGROUP.COM

Applicant's Federal Employer Identification Number: 27-2167407

Business DBA Name (if applicable): HOLIDAY INN

Business Location (with Zip Code): 30 WASHINGTON ST 02143

Mailing Name (where we should send correspondence to): DISTINCTIVE HOSPITALITY GROUP

Mailing Address (with Zip Code): 319 SPEEN ST, NATICK, MA 01760

Emergency Contact: TIM HARVEY Phone: 617-616-1921

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLC) ☒ 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: LOU CARRIER

Address with Zip Code: 319 SPEEN ST., NATICK, MA 01760

Partner's/Member's/Secretary's Name: DAVID SHAMOIAN

Address with Zip Code: 319 SPEEN ST, NATICK, MA 01760

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 APR 21 A 9:00

**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.

DDH HOTEL SOMERVILLE LLC DBA HOLIDAY INN

*Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

27-2167407

**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: DDH HOTEL SOMERVILLE LLC

Address of taxpayer/applicant's business in Somerville: 30 WASHINGTON STREET

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

Taxpayer/applicant's phone: day: 617-628-1000 evening: 617-628-1000

I, (print name) DAVID SHAMOIAN, 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 11 day of APRIL, 20 11. [Signature]
(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: _____

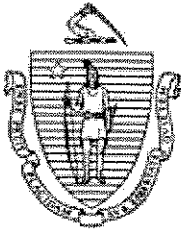
107-A/002 # 661022-01 # 09830011 # _____

NOTES: 14497136

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:





The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Print Form

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: DDH Hotel Somerville LLC

Address: 30 Washington Street

City/State/Zip: Somerville, MA 02143

Phone #: 617-628-1000

Are you an employer? Check the appropriate box:

1. ☒ I am a employer with 110 employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☒ Other Full Service Hotel

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Liberty Mutual Insurance

Insurer's Address: 3800 Seneca Street

City/State/Zip: West Seneca, NY 14224-3478

Policy # or Self-ins. Lic. #: WCC-Z11-260341-010

Expiration Date: 4/28/11

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature:

Date: April 11, 2011

Phone #: 508-651-8300

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

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____