



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

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

**MARIACHI FOODS, INC.
EL POTRO MEXICAN GRILL
61 UNION SQ
SOMERVILLE, MA 02143**

CITY CLERK'S OFFICE
SOMERVILLE, MA

2012 NOV 13 P 2:59

License #: 916
Fee: 150.00
Account ID: 173
Reference #: 916

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 EL POTRO MEXICAN GRILL Business Location: 61 UNION SQ Business Phone: 617-666-4200	
License Holder: MARIACHI FOODS, INC. EL POTRO MEXICAN GRILL 61 UNION SQ SOMERVILLE, MA 02143 617-666-4200	
Mailing Address: MARIACHI FOODS, INC. 61 UNION SQ SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - ELIAS INTERIANO TREASURER - ELIAS INTERIANO	
FID: 000916796	
Food Manager/Emergency Contact: EVELIO PORTILLO 617-416-4100	Elias Interiano 617 416 4100 617 666 4200

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**

**8 SEATS
4 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: Date: 11.13.12
Print Name: Elias Interiano Phone: 617 666 4200

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: el potro mexican grill
Somerville Address and Zip Code: 61 Union Square 02143
Phone Number of the Business: 617 666 4200

The Legal Name of the License Holder: Mariachi Foods Inc.
Street Address of the License Holder: 61 Union Sq.
City, State and Zip Code of the License Holder: Somerville MA 02143
Phone Number of the License Holder: 617 666 4200

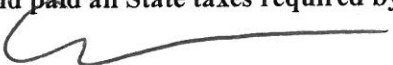
Where We Should Send Mail: Name: Elias Interiano
Street Address: 61 Union Square
City, State and Zip Code: Somerville MA 02143

Federal ID # (Do Not Give a Social Security #): 20-4402134

Emergency Contact and his/her Phone Number: Elias Interiano, 617 416 4100

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: Mariachi Foods Inc.
Name of President: Elias Interiano
Name of Secretary: Joseph Carneiro Name of Treasurer: Elias Interiano
 LLC: Name of LLC: _____
Names of All Managers: _____
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:  Date 11.13.12



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: mariachi foods inc.

Address of taxpayer/applicant's business in Somerville: 61 Union Square

Address of taxpayer/applicant's home in Somerville: n/a

Taxpayer/applicant's phone: day: 617 666 4200 evening: n/a same

I, (print name) Euas Interiano, 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 13th day of November, 2012. [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: _____

1257 # 123082001 # 1257 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: **RECEIVED**
11-13-12

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: mariachi foods INC.
Address: 61 Union Square
City: Somerville State: MA Zip: 02143 Phone #: 617 666 4200

- I am an employer with 5 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: NGM Insurance
Address: 4601 Tonchton Road East, Suite 3A00
City: Jacksonville State: FL Zip: 32245 Phone #: —
Policy #: WCJ 8840M Expiration Date: 4-17-13

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: [Signature] Date: 11.13.12
Print Name: Elias Interiano

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 _____