



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

2014 DEC -9 P 1-21

APPLICATION TO RENEW OUTDOOR SEATING LICENSE

CITY CLERK'S OFFICE
SOMERVILLE, MA
License #:

873

**ARMUR INC
JOSHUA TREE
256 ELM ST
SOMERVILLE, MA 02144**

Fee: .00
Account ID: 147
Reference #: 873

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: THE JOSHUA TREE Business Location: 256 ELM ST Business Phone: 617-623-9910	
License Holder: ARMUR INC JOSHUA TREE 256 ELM ST SOMERVILLE, MA 02144 617-623-9910	
Mailing Address: ARMUR INC JOSHUA TREE 256 ELM ST SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) SECRETARY - GIUSEPPE ARCARI TREASURER - GIUSEPPE ARCARI PRESIDENT - MARTIN MURPHY	
FID: 043333891	
Food Manager/Emergency Contact: MARTIN MURPHY	

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**

1 A-FRAME SIGNS

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: 11/1/14

Print Name: Martin Murphy Phone: 617 623-9910

INSTRUCTIONS

It is time to renew your Outdoor Seating License. You may not place any outdoor seating, signs, or goods on the public way in Somerville in 2015 unless the Board of Aldermen and Mayor approve your license. Although the fee didn't print on the Application this year, it remains \$150.

Renew now with these simple steps:

1. On the Application to Renew Outdoor Seating License (enclosed):
 - Make sure we've got your DBA Name, Legal Name, and Mailing Address right.
 - Make sure your Business Type is right, and give us the names and titles of all (up to 3) Officers, Partners, or Owners. (Corporations: we need President, Secretary, and Treasurer.)
 - Check that we've got the right Federal Employer Identification Number. **Don't** give us your Social Security Number.
 - In the Food Manager/Emergency Contact section, give us the name and phone number of an emergency contact.
 - Sign it, date it, print your name, and give us your phone number at the bottom.
2. Provide current evidence that the City of Somerville is an Additional Insured on your business liability insurance, or that you've kept up your \$5,000 Licenses and Permits Bond.
3. Fill out and sign the Workers Compensation Insurance Affidavit (enclosed).
4. Fill out the Certificate of Good Standing (enclosed) and get it stamped at the Treasurer's Office at City Hall.
5. Return the following to the City Clerk's Office:
 - ☒ Your signed Application.
 - ☒ Your Workers Compensation Insurance Affidavit.
 - ☒ Your Certificate of Good Standing, stamped by the Treasurer.
 - ☒ A Certificate of Insurance showing the City as an Additional Insured, or a
 - ☒ Continuation Certificate for your \$5,000 Bond. — *CALL MALCOLM & PETERS*
 - ☒ A check for \$150, payable to City of Somerville. *FOR A CERTIFICATE OF INSURE*

Please contact John Long if you have any questions.

John J. Long, City Clerk
Somerville City Hall
93 Highland Avenue
Somerville, MA 02143
jlong@somervillema.gov
617 625-6600 x4110
FAX 617 625-4239
www.somervillema.gov

*showing the city of
Somerville as additional
Insured.*

*TAMARA will take
care of this.*



CITY OF SOMERVILLE, MASSACHUSETTS

Treasury Department

JOSEPH A. CURTATONE

MAYOR

CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: _____

BUSINESS LOCATION: 256 Elm St. Somerville MA AND/OR

TAXPAYER'S HOME ADDRESS: 021444

TAXPAYER/APPLICANT PHONE: DAY: 617 623-9910 EVENING: _____

BUSINESS NAME: Arnur Inc. D/B/A Joshua Tree Bar & Grill

BUSINESS ID NUMBER: 04-3333891 BUSINESS PHONE: 617-623-9910

I (print name) Martin Murphy, 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 9th day of Dec.

20 14. [Signature] (Taxpayer's Signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____

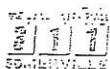
TAXES AND ACCOUNT NUMBER(S)

**REAL ESTATE ID 5065 **WATER/SEWER ID 313086011 **PERSONAL PROPERTY **OTHER

NOTES:

CLERKS INITIALS: UR BUSINESS or BUILDING PERMIT

ORIGINAL STAMP



Somerville City Hall • 93 Highland Avenue • Somerville, Massachusetts 02143
(617) 625-6600 • Ext. 3500 • TTY: (617) 666-0001 • Fax: (617) 666-9682
www.somervillema.gov

RECEIVED
BANKS
12-9-14

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: ARMUR INC dba The Joshua Tree Bar & Grille
Address: 256 Elm St W. Somerville, MA 02144
City: Somerville State: MA Zip: 02144 Phone #: 617 623 9910

- ☒ I am an employer with 32 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: THE HARTFORD
Address: ONE HARTFORD PLAZA
City: HARTFORD State: CT Zip: 06155 Phone #: 800-962-6170
Policy #: 08. WEL PD 4607 Expiration Date: 06/27/2015

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: 11/11/14

Print Name: MARTIN MURPHY

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 _____

07 (Policy Provisions: WC 00 00 00 B)

46

PD

WEC **INFORMATION PAGE**
WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: HARTFORD FIRE INSURANCE COMPANY

ONE HARTFORD PLAZA, HARTFORD, CONNECTICUT 06155

NCCI Company Number:

13269

Company Code: 1



POLICY NUMBER:

08 WEC PD4607

Previous Policy Number:

08 WEC PD4607

HOUSING CODE: SB

1. **Named Insured and Mailing Address:** ARMUR, INC. D/B/A JOSHUA TREE
(No., Street, Town, State, Zip Code)

256 ELM STREET
SOMERVILLE, MA 02144

FEIN Number: 043333891

State Identification Number(s):

UIN:

The Named Insured is: CORPORATION

Business of Named Insured: RESTAURANT FAMILY STYLE: FRANC

Other workplaces not shown above: 256 ELM STREET
SOMERVILLE MA 02144

2. **Policy Period:** From 06/27/14 To 06/27/15
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: MALCOLM & PARSONS INS AGENCY INC

PO BOX 527
STOUGHTON, MA 02072

Producer's Code: 087634

Issuing Office: THE HARTFORD

301 WOODS PARK DRIVE

CLINTON

NY 13323

(800) 962-6170

Total Estimated Annual Premium: \$6,916

Deposit Premium:

Policy Minimum Premium: \$266 MA (INCLUDES INCREASED LIMIT MIN. PREM.)

Audit Period: ANNUAL

Installment Term:

The policy is not binding unless countersigned by our authorized representative.

Countersigned by

Authorized Representative

Date