

IMPORTANT

#82
RCF 73

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Pool Table/Bowling Alley

License Number: #191170

Business Name: On The Hill Tavern

Location: 499 Broadway

Pool Tables: 3

Special Conditions (if any):

Renewal Fee (Return with this application): \$60 per Table or Alley

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:	<u>ON THE HILL TAVERN</u>
Somerville Address and Zip Code:	<u>499 BROADWAY Somerville MA 02144</u>
Phone Number of the Business:	<u>617 629-5302</u>

The Legal Name of the License Holder:	<u>AOD, INC</u>
Street Address of the License Holder:	<u>499 BROADWAY</u>
City, State and Zip Code of the License Holder:	<u>Somerville MA 02144</u>
Phone Number of the License Holder:	<u>617 629-5302</u>
Email Address of the License Holder:	<u>BOB @ ON THE HILL TAVERN.COM</u>

Where We Should Send Mail: Name:	<u>Robert Antonelli</u>
Street Address:	<u>499 BROADWAY</u>
City, State and Zip Code:	<u>Somerville MA 02144</u>
Email:	<u>BOB @ ON THE HILL TAVERN.COM</u>
Phone Number:	<u>617 629-5302</u>

Federal ID # (Do Not Give a Social Security #):	<u>04-3766634</u>
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Emergency Contact and Phone (For Fire Dept. Use):	<u>Tim DADDIA 617 543-2219</u>
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-OVER-

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

Sole Proprietor: Name of Owner: _____

Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

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

Corporation (inc. LLC): Name of President: _____

Name of Secretary: _____

Name of Treasurer: _____

Other (Attach a Description of the Form of Ownership and the Names of 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 Board of Aldermen.

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

License Holder Signature: _____

Date _____

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: AOD INC
Address: 499 BROADWAY
City: Somerville State: MASS Zip: 02144 Phone #: 617-629-5302

- | | | |
|--|----------------|---|
| <input type="checkbox"/> I am an employer with <u>7</u> employees (full and/or part time). | Business Type: | <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | | <input checked="" type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <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"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | | <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: The Hartford
Address: 301 WOODS PARK DRIVE
City: Clinton State: MA Zip: 13323 Phone #: 800-962-6170
Policy #: OR WEC AA 6049 Expiration Date: 07/13/2012

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: Robert A. Antonelli Date: 3/31/2012

Print Name: Robert A. Antonelli

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 _____

49 (Policy Provisions: WC 00 00 00 A)

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AA INFORMATION PAGE

WEC WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: TWIN CITY FIRE INSURANCE COMPANY
HARTFORD PLAZA, HARTFORD, CONNECTICUT 06115

NCCI Company Number: 14974
Company Code: 7



08718
*3500208AA60490101

POLICY NUMBER: 08 WEC AA6049
Previous Policy Number: 08 WEC AA6049

Suffix
LARS RENEWAL
02

1. Named Insured and Mailing Address: AOD INC
(No., Street, Town, State, Zip Code)

(SEE ENDT)

FEIN Number: 043766634
499 BROADWAY
SOMERVILLE, MA 02145

State Identification Number(s):
UIN:

The Named Insured is: CORPORATION
Business of Named Insured: FAMILY STYLE RESTAURANT - FRAN
Other workplaces not shown above: 499 BROADWAY
SOMERVILLE MA 02145

2. Policy Period: From 07/13/12 To 07/13/12
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: WAVERLEY INSURANCE AGENCY INC

493 TRAPELO ROAD
BELMONT, MA 02478
Producer's Code: 088682
Issuing Office: THE HARTFORD
301 WOODS PARK DRIVE
CLINTON NY 13323
(800) 962-6170

Total Estimated Annual Premium: \$1,330

Deposit Premium:

Policy Minimum Premium: \$216 MA

Audit Period: ANNUAL
Installment Term:

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

Countersigned by

Authorized Representative

Date



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: AOD INC

Address of taxpayer/applicant's business in Somerville: 499 BROADWAY Som.

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

Taxpayer/applicant's phone: day: 617 624-5302 evening: 617 543-2219

I, (print name) Robert Antonelli, 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 31TH day of March, 2012. Robert Antonelli
(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: _____

13428090 # no water # 231 # _____
2155

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

