



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

2013 AUG 19 P 3:19

CITY CLERK'S OFFICE
SOMERVILLE, MApd
\$150
CK
4722**APPLICATION TO RENEW OUTDOOR SEATING LICENSE**

License #: 1003

**KICKASS CUPCAKES INC.
KICKASS CUPCAKES AND THE DAIRY BAR
378-378A HIGHLAND AVENUE
SOMERVILLE, MA 02144**

Fee: 150.00

Account ID: 443

Reference #: 1003

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: KICKASS CUPCAKES AND THE DAIRY BAR Business Location: 378 HIGHLAND AVE Business Phone: 617-628-2877	
License Holder: KICKASS CUPCAKES INC. KICKASS CUPCAKES AND THE DAIRY BAR 378-378A HIGHLAND AVENUE SOMERVILLE, MA 02144 617-628-2877	378 Highland Ave. (not 378-378A)
Mailing Address: KICKASS CUPCAKES INC. KICKASS CUPCAKES AND THE DAIRY BAR 378-378A HIGHLAND AVENUE SOMERVILLE, MA 02144	378 Highland Ave. (not 378-378A)
Business Type: CORPORATION (INC. LLC) TREASURER - KEVIN ROSS PRESIDENT - SARA ROSS SECRETARY - SARA ROSS	
FID: 271516812	
Food Manager/Emergency Contact: SARA ROSS 617-223-7070	

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
2 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: Sara Ross Date: 8-19-13
Print Name: Sara Ross Phone: 617-628-2877



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Kickass Cupcakes Inc.

Address of taxpayer/applicant's business in Somerville: 378 Highland Ave. Somerville MA

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617-628-2877 evening: 617-223-7070

I, (print name) Sara Ross, 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 19th day of August, 2013. [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: _____
16550123 316077001 # 548 # _____
316077011 # 316076011

NOTES:

CLERK'S INITIALS: M. M.

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: Kickass Cupcakes Inc.
Address: 378 Highland Ave.
City: Somerville State: MA Zip: 02144 Phone #: 617-628-2877

- I am an employer with 20 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: 55 Farmington Ave.
City: Hartford State: CT Zip: _____ Phone #: 06115
Policy #: 76 WEG DX3276 Expiration Date: 3/1/14

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: 8-19-13
Print Name: Sara Rosu

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 _____

76 (Policy Provisions: WC 00, 00 00 B)

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DX

WEG

INFORMATION PAGE

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: HARTFORD INSURANCE COMPANY OF THE MIDWEST
ONE HARTFORD PLAZA, HARTFORD, CONNECTICUT 06155

NCCI Company Number: 20605
Company Code: G



POLICY NUMBER:

76 WEG DX3276
NEW

Previous Policy Number:

HOUSING CODE: 76

Suffix	
LARS	RENEWAL
	00

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

FEIN Number: 271516812
378 HIGHLAND AVE
SOMERVILLE, MA 02144

State Identification Number(s):

The Named Insured is: CORPORATION
Business of Named Insured: BAKERY STORE WITH COOKING
Other workplaces not shown above: SEE ATTACHED SCHEDULES

2. Policy Period: From 03/01/13 To 03/01/14
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: AUTOMATIC DATA PROCESSING INS AGCY

PO BOX 33015
SAN ANTONIO, TX 78265
Producer's Code: 250717

Issuing Office: THE HARTFORD
55 FARMINGTON AVE., SUITE 301
HARTFORD CT 06115
(877) 287-1316

Total Estimated Annual Premium: \$5,370

Deposit Premium:

Policy Minimum Premium: \$351 MA (INCLUDES INCREASED LIMIT MIN. PREM.)

Audit Period: ANNUAL

Installment Term:

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

Countersigned by *Susan S. Castaneda*
Authorized Representative

03/12/13
Date

04286

*3500276DX32760101

