



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

CK-1468
\$550

APPLICATION TO RENEW EXTENDED OPERATING HOURS LICENSE

DOMINO'S PIZZA
7 DESMOND AVE
WATERTOWN, MA 02472

License #: 928

Fee: 550.00

Account ID: 739

Reference #: 928

#7051

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 DOMINO'S PIZZA Business Location: 201 ELM ST Business Phone: 617-629-2929	
License Holder: FARAH ENTERPRISES INC. 201 ELM ST SOMERVILLE, MA 02144 617-629-2929	
Mailing Address: DOMINO'S PIZZA WATERTOWN, MA 02472	
Business Type: CORPORATION (INC. LLC) PRESIDENT - MOHAMMAD SIBAI SECRETARY - MOHAMMAD SIBAI	
FID: 208771916	
Food Manager/Emergency Contact: MOHAMMAD SIBAI 617-721-6066	

2013 MAR 26 P 2:12
CITY CLERK'S OFFICE
SOMERVILLE, MA

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **TH TO 1AM, FR-SA TO 2AM**

Description of Location and/or Other Conditions:

VALID FOR DELIVERIES ONLY, NOT TAKE-OUT OR EAT-IN.

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

3/26/2013

Print Name: _____

Mohammad Sibai

Phone

617-721-6066

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: Farah Enterprises Inc DBA Dominos Pizza
Address: 201 Elm St
City: Somerville State: Ma Zip: 02145 Phone #: 617-629-2929

- ☒ I am an employer with 50 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: Acadia Insurance Company
Address: 222 S 9th St Mpls MN 55402
City: Minneapolis State: MN Zip: 55402 Phone #: 880 634-4589
Policy #: WC 20-20-000198-05 Expiration Date: 5/30/2013

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: 3/26/2013
Print Name: Mohammad Siba

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Dominos Pizza

Address of taxpayer/applicant's business in Somerville: 201 Elm St

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

Taxpayer/applicant's phone: day: 617-721-6066 evening: 617-721-6066

I, (print name) Mohammad Sibai, 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 _____ day of

March 26, 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: _____

4939 # 313047031 # 444 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED
Barrow
3-26-13