

IMPORTANT

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: #191171
Business Name: Flatbread Company at Davis Sq Bowladrome
Location: 45 Day St
Bowling Alleys: 10
Special Conditions (if any):

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

PLEASE FILL IN ALL SIX BOXES BELOW:

CITY CLERK'S OFFICE
SOMERVILLE, MA

2012 APR 30 P 12:36

The DBA Name of the Business:	Flatbread Company at Davis Square Bowladrome
Somerville Address and Zip Code:	45 Day St Somerville 02144
Phone Number of the Business:	617.776.0552

The Legal Name of the License Holder:	Flatbread Somerville LLC
Street Address of the License Holder:	45 Day St
City, State and Zip Code of the License Holder:	Somerville MA 02144
Phone Number of the License Holder:	617 776 0552
Email Address of the License Holder:	evanfetras@flatbreadcompany.com

Where We Should Send Mail: Name:	Flatbread CO Evan Fetras
Street Address:	45 Day St
City, State and Zip Code:	Somerville MA 02144
Email:	evanfetras@flatbreadcompany.com
Phone Number:	781.879.0007

Federal ID # (Do Not Give a Social Security #):	264 463 9316
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Emergency Contact and Phone (For Fire Dept. Use):	781 879 0007
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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: Jay Gould

Name of Secretary: John Meehan

Name of Treasurer: Pat Meehan

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 4.10.12



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Flatbread Somerville Inc

Address of taxpayer/applicant's business in Somerville: 45 Day St

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

Taxpayer/applicant's phone: day: 617-776-0552 evening: 781-879-0057

I, (print name) Evan Fetters, 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 10 day of April, 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: _____

04172122 / 4434 # 322043011 # 426 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

RECEIVED
4-30-12

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: Flatbread Somerville
Address: 45 Bay St.
City: Somerville State: Ma Zip: 02143 Phone #: 617 776-0552

- I am an employer with 45 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

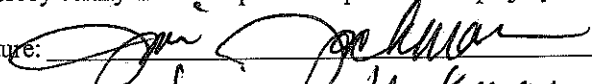
Workers' compensation insurance information (if applicable):

Insurance Company Name: The Hartford
Address: 24 NEW England PKW
City: Burlington State: MA Zip: 01803 Phone #: 800 322-6222
Policy #: 08 WE CLD 7881 Expiration Date: 2/5/13

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:  Date: 4/3/12
Print Name: Joni Jackman

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