



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

**APPLICATION TO RENEW OUTDOOR SEATING LICENSE**

**DAVIS SQUARE FOOD SERVICES, INC.  
BOSTON BURGER COMPANY  
37 DAVIS SQUARE  
SOMERVILLE, MA 02144**

License #: 1010

Fee: .00

Account ID: 686

Reference #: 1010

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: <b>BOSTON BURGER COMPANY</b>	
Business Location: <b>37 DAVIS SQ</b>	
Business Phone: <b>(617)623-6700</b>	
License Holder: <b>DAVIS SQUARE FOOD SERVICES, INC. BOSTON BURGER COMPANY 37 DAVIS SQUARE SOMERVILLE, MA 02144 (617)623-6700</b>	
Mailing Address: <b>DAVIS SQUARE FOOD SERVICES, INC. BOSTON BURGER COMPANY 37 DAVIS SQUARE SOMERVILLE, MA 02144</b>	
Business Type: <b>CORPORATION (INC. LLC) PRESIDENT - CHARLES SILLARI SECRETARY - CHARLES SILLARI TREASURER - CHRISTINE NOLAN</b>	
FID: <b>043566534</b>	
Food Manager/Emergency Contact: <b>CHARLES SILLARI</b>	<b>617-480-7423</b>

2014 DEC 12 A 11:36  
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: **MO-SU 5-10PM SEATS/9PM GOODS**

- 10 SEATS
- 1 A-FRAME SIGNS
- 5 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: Charles J. Sillari, Jr.

Date: 11-24-14

Print Name: Charles J. Sillari, Jr.

Phone: 617-480-7423



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: BOSTON BURGER COMPANY

Address of taxpayer/applicant's business in Somerville: 37 DAVIS SQ.

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: \_\_\_\_\_ evening: \_\_\_\_\_

I, (print name) \_\_\_\_\_, 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

\_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
(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: \_\_\_\_\_

# \_\_\_\_\_ # 322051001 # 368 # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** SR

**ORIGINAL STAMP:**



RECEIVED  
1-6-15

SR

**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: DAVIS SQUARE FOOD SERVICES, INC.  
Address: 37 DAVIS SQUARE  
City: SOMERVILLE State: MA Zip: 02144 Phone #: 617-440-7361  
☒ I am an employer with 12 employees (full and/or part time). Business Type: ☐ Retail  
☐ I am a sole proprietor or partnership and have no employees. ☒ Restaurant/Bar/Eating Establishment  
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)  
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit  
☐ Entertainment  
☐ Manufacturing  
☐ Health Care  
☐ Other \_\_\_\_\_

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Norfolk & Dedham  
Address: 222 AMES STREET  
City: Dedham State: MA Zip: 02026 Phone #: \_\_\_\_\_  
Policy #: WE095031A Expiration Date: 1/13/15

**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: 11/24/14  
Print Name: Charles T. Siller, Jr.

**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 \_\_\_\_\_