



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

**APPLICATION TO RENEW BILLIARDS AND BOWLING LICENSE**

**FLATBREAD SOMERVILLE INC  
45 DAY STREET  
SOMERVILLE, MA 02144**

License #: **872**

Fee: **1,000.00**

Account ID: **242**

Reference #: **872**

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>FLATBREAD COMPANY AT SACCO'S BOWL HAVEN</b>	
Business Location: <b>45 DAY ST</b>	
Business Phone: <b>617-776-0552</b>	
License Holder: <b>FLATBREAD SOMERVILLE INC 45 DAY STREET SOMERVILLE, MA 02144 617-776-0552</b>	
Mailing Address: <b>FLATBREAD SOMERVILLE INC 45 DAY STREET SOMERVILLE, MA 02144</b>	
Business Type: <b>CORPORATION (INC. LLC) PRESIDENT - JAY GOULD SECRETARY - JOHN MEEHAN TREASURER - PAT MEEHAN</b>	
FID: <b>26463936</b>	
Food Manager/Emergency Contact: <b>JOHN MEEHAN</b>	<i>Evan Fetras / General Mgr</i>

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

Hours: **MO-SU 5 AM - MIDNIGHT**

**10 BOWLING ALLEYS**

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: *Evan Fetras* Date *2.25.14*  
 Print Name: *Evan Fetras* Phone *603 793 5959*



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Flatbread Company at Saccos Road/Haver

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: same

I, (print name) Evan Fetras, 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 25 day of February, 20 14. [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: \_\_\_\_\_  
# N/A      # 322043011      # 387      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:  **RECEIVED**  
3/31/14

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 Company  
Address: 45 Day St  
City: Somerville State: MA Zip: 02144 Phone #: 617 776 0552

- I am an employer with 35 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: one Hartford Plaza  
City: Hartford State: Ct Zip: 06155 Phone #:  
Policy #: 08 WEC LD7881 Expiration Date: 2/15

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: 2.14  
Print Name: Ewan tetras

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 \_\_\_\_\_