

TO-2021-18

**ORDER GRANTING OR RENEWING A LICENSE FOR
AN AUTOMATIC AMUSEMENT DEVICE(S)
FOR THE BUC, INC. LOCATED AT
84-86 MAPLE STREET, AGAWAM, MA. 01001**

Pursuant to Massachusetts General Laws, Chapter 140, Section 177A and Section 75-1 of the Code of the Town of Agawam, the Agawam City Council hereby grants or renews a LICENSE for the listed Automatic Amusement Device(s) to the following applicant subject to inspection of the listed Automatic Amusement Device(s) by the Agawam Police Department for the period commencing on January 1, 2022 and expiring on December 31, 2022:

Name of Licensee The Buc, Inc.

Business Address 84-86 Maple Street, Agawam, MA. 01001

Business Type bar/restaurant

Device(s) for which license is approved:

Device #1	Golden Tee
Device #2	Pool Table
Device #3	Mega Touch

Dated this _____ **day of** _____, **2021**

PER ORDER OF THE AGAWAM CITY COUNCIL

Christopher C. Johnson, Council President

APPROVED AS TO FORM AND LEGALITY

Stephen Buoniconti, City Solicitor

Town of Agawam, Massachusetts
Application for License; Renewal of License
Automatic Amusement Device(s)

Name: BUC INC
(Individual [Include Social Security Number and Date of Birth] or Corporate Name)

List of partners or Corporate Officers: MICHAEL FILA 010-542699 9/21/59
(Include Social Security Numbers and Dates of Birth)

Business Address: 84-86 Maple St
(Number and Street)

Type of Business: BAR RESTAURANT
(Include Description of Premises and Reason for Application)

List of Automatic Amusement Devices
(Attach Additional Pages as Needed)

Name of Device #1 GOLDEN TIC Manufacturer INCREDIABLE TECH

Owner of Device #1 RUSSELL HALL
(Name and Address of Owner or Supplier of Automatic Amusement Device)

Name of Device #2 POOL TABLE Manufacturer VALLY

Owner of Device #2 BUC INC
(Name and Address of Owner or Supplier of Automatic Amusement Device)

Name of Device #3 MAGA FOUNT Manufacturer MCKIT IMP

Owner of Device #3 RUSSELL HALL
(Name and Address of Owner or Supplier of Automatic Amusement Device)

Name of Device #4 _____ Manufacturer _____

Owner of Device #4 _____

I certify under the pains and penalties of perjury that all of the information on this application is true and correct, to my best knowledge and belief, and I further certify under the pains and penalties of perjury that pursuant to Massachusetts General Laws Chapter 62C, Section 49A, I, to my best knowledge and belief have filed all state tax returns and paid all state and local taxes (including real estate and personal property taxes) required under law. I also certify under the pains and penalties of perjury that I have not been convicted of any crimes.

BUC INC
Signature of Individual or Corporate Name

Soc. Sec. No. Or Federal ID No. _____
413-348-5271
Telephone Number

[Signature] 9-21-21
By: Corporate Officer Date

RECEIVED
2021 SEP 21 P 12:07
CLERK'S OFFICE
TOWN OF AGAWAM

THIS FORM TO BE COMPLETED
BY COLLECTOR / TREASURER

Municipal Tax Report:

Pursuant to section, 1-7 of the Agawam Town Code a licensing authority may deny, suspend or revoke a license or permit for failure to pay municipal taxes or charges.

- No Outstanding Taxes or charges There are Outstanding Taxes or charges
 Applicant has an agreement with the Town regarding the Payment of taxes and charges.

Collector's Signature:



TO BE COMPLETED BY THE TREASURER / COLLECTOR 413-786-0400, EXT. 8218

RECEIVED

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CLERK'S OFFICE
TOWN OF AGAWAM

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

Individual Social Security Number _____

State Identification Number _____

Federal Identification Number _____

Company: _____

BUC INC

P.O. Box (if any): _____

Street Address Only: _____

84-86 MAPLE ST

City/State/Zip Code: _____

AGAWAM MASS. 01001

Telephone Number: _____

413-9960956

Fax Number: _____

List address(es) of all other property owned by company in Agawam: _____

Corporation

State whether the applicant is a:

Individual

Name of Individual: _____

MICHAEL FIA

Partnership

Names of all Partners: _____

Limited Liability Company

Names of all Managers: _____

Limited Liability Partnership

Names of Partners: _____

Limited Partnership

Names of all General Partners: _____

You must complete the following certifications and have the signature(s) notarized on the lines below. Any certification that does not apply to you, write N/A in the blanks provided. Each section must be signed by an authorized agent of the entity and the FORM MUST BE NOTARIZED – SEE NEXT PAGE.

FEDERAL TAX CERTIFICATION

I, MICHAEL FIA (authorized agent) certify under the pains and penalties of perjury that MICHAEL FIA (applicant), to my best knowledge and belief, has/have complied with all United States Federal taxes required by law.

MICHAEL FIA
Applicant

Authorized Person's Signature

Date: 9-21-21

TOWN OF AGAWAM TAX CERTIFICATION

I, MICHAEL FIA (authorized agent) certify under the pains and penalties of perjury that MICHAEL FIA (Applicant), to my best knowledge and belief, has/have complied with all Town of Agawam taxes required by law (or has/have entered into a Payment Agreement with the City).

MICHAEL FIA
Applicant

Authorized Person's Signature

Date: 9-21-21

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

I, Michael Filia (authorized agent) certify under the pains and penalties of perjury that Michael Filia (Applicant)

to my best knowledge and belief, has/have complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Michael Filia
Applicant

BY: [Signature]
Authorized Person's Signature

Date: 9-21-21

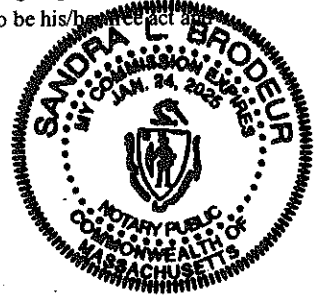
Notary Public

Hampden County, ss. COMMONWEALTH OF MASSACHUSETTS Sept - 21, 2021

Then personally appeared before me [name] Michael Filia, [title] President
of [company name] Buc, Inc., being duly sworn, and made oath that he/she has read the foregoing document, and knows the contents thereof; and that the facts stated therein are true of his/her own knowledge, and stated the foregoing to be his/her free act and deed and the free act and deed of [company name] Buc, Inc.

[Signature]
Notary Public

My commission expires: JAN 24, 2025



YOU MUST FILL THIS FORM OUT COMPLETELY AND YOU MUST FILE THIS FORM WITH YOUR Application.

RECEIVED
2021 SEP 21 P 12: 06
CLERK'S OFFICE
TOWN OF AGAWAM

AGAWAM TOWN CLERK'S OFFICE

RECEIVED

2021 SEP 21 P 12: 06

**CLERK'S OFFICE
TOWN OF AGAWAM**



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 Lafayette City Center
 2 Avenue de Lafayette, Boston, MA 02111-1750
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: BUC INC. BUCCANER LOUNGE
 Address: 84-86 MAPLE ST
 City/State/Zip: AGAWAM MA 01201 Phone #: 413-7860956

Are you an employer? Check the appropriate box:

- 1. I am a employer with _____ employees (full and/ or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Com List
 Insurer's Address: POB 859222
 City/State/Zip: Brampton MA 02185
 Policy # or Self-ins. Lic. # 0140050 345 29121 Expiration Date: 11/1/2022

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance 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: 9-21-21
 Phone #: 413-7860956

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (check one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette,
Boston, MA 02111-1750
Tel. (857) 321-7406 or 1-877-MASSAFB
Fax (617) 727-7749
www.mass.gov/dia



Massachusetts Criminal Offender Record Information (CORI)

The information provided within this response contains only Massachusetts criminal offender record information and is based on the statutory access of the requestor. Unauthorized access, use or dissemination of this information is prohibited under Massachusetts General Law.

This information is not fingerprint-supported and may not actually relate to the person whose information you are seeking. Individuals who believe there may be a discrepancy within this record should contact the Department of Criminal Justice Information Services (DCJIS).

This Massachusetts CORI was generated on 09/21/2021 15:43 as the response to your request submitted on 09/21/2021 15:40 with the following details:

Request Details

Request ID: **E21RE1-00848176** Request Date/Time: **09/21/2021 15:40**
 Name: **FILA, MICHAEL L**
 Former Last Name(s):
 Date of Birth: **09/26/1958** SSN: *****-54-2699**
 Sex: **MALE** Race: **White**
 Father's Name: Mother's Name:

Response Summary

The following matching subject(s) have been found. Full subject and offense information for each matching record is contained within this response.

This response is the result of a search of the iCORI database using the subject's name and date of birth as submitted by the requestor. To ensure accuracy, it is the responsibility of the requestor to determine if one or more of these records belong to the subject listed in the Request Details Section above.

The DCJIS is not liable for any errors or omissions in the CORI results based on a requestor's entry of inaccurate, incorrect, or incomplete subject information.

Name	Date of Birth	PCF Number
FILA, MICHAEL	09/26/1958	783151



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150, MASS.GOV/CJIS
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973



Massachusetts Criminal Offender Record Information (CORI)

To Whom It May Concern:

The Massachusetts Department of Criminal Justice Information Services (DCJIS) has conducted a computerized search of the Criminal Offender Record Information database.

The attached is a true copy of matching information from the CORI database for FILA, MICHAEL L and date of birth

Signed under the penalties of perjury this 21st day of September 2021.

Norma Marquez
Massachusetts Department Criminal Justice Information Services



Massachusetts Criminal Offender Record Information (CORI)

The information contained in this response is the result of an exact match of the subject's name, date of birth, and last six digits of his or her social security number (if applicable), as submitted by the requestor, to information contained in the Massachusetts CORI database. In its discretion, the DCJIS may use the information provided by the requestor to match to other fields on the iCORI report including, but not limited to, a former name or alias field. The requestor is responsible for verifying the subject's identifying information with an acceptable type of government-issued identification at the time of its submission to the DCJIS, as well as for verifying that the identifying information contained in this record relates to the subject.

This report contains only criminal offender record information that is maintained in the Massachusetts CORI database and does not contain criminal offender record information from other states or sources. This response contains only that CORI to which the requestor is statutorily entitled, based on information provided by the requestor at the time of request.

The information contained in this CORI report is created and provided by entities other than the DCJIS. The DCJIS is not responsible for incorrect or incomplete information contained herein, or for any omissions from the contributing entities.

This CORI report is confidential. Any unauthorized access to, or dissemination of this document or the information contained therein is subject to the civil penalties set forth in M.G.L. c. 6, §168, and the criminal penalties set forth in M.G.L. c. 6, §178. Civil penalties include suspension or revocation of CORI access and monetary fines up to \$5,000 for each violation. Criminal penalties include monetary fines up to \$50,000, incarceration in a house of correction for up to one year, or both a fine and incarceration.



Massachusetts Criminal Offender Record Information (CORI)

Subject 1 of 1

PCF Number: 783151

Name: **FILA, MICHAEL**
 Date of Birth: **06/04/1976** SSN:
 Sex: **MALE** Place of Birth: **MA**
 Height: **600** Weight: **0**
 Hair Color: **BRO** Eye Color: **BLU**
 Address: **791 NORTH STREET, FEEDING HILLS, MA**
 Father's Name: **FRANK** Mother's Name: **JENNIE**

Adult Offenses

Court Appearance 1 of 1

Appearance Date: **06/04/1976**

Offense 1 of 1

Docket Number: **1356673ZZ** Case Status: **CLOSED**
 Offense Type: **MISDEMEANOR**
 Offense Literal: **OPER UND INFL OF LIQ**
 Offense Description:
 Court Name: **SPRINGFIELD DISTRICT** Court Phone: **413-748-7824**
 Police Dept.: Police Dept. Phone:
 Disposition Type: **CONVICTION** Disposition Date: **06/29/1976**
 Incarcerated: **NO** Incar. Release Date: **N/A**

BUC INC.
86 MAPLE ST.
AGAWAM, MA 01001-1342

14225

50-7044/2723
57820

KeyBank National Association
1-800-KEY4BIZ Key.com

9/21/2021

PAY TO THE
ORDER OF

TOWN OF AGAWAM

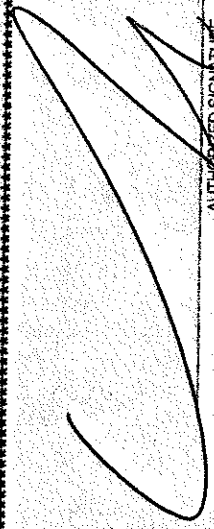
\$ **200.00

Two Hundred and 00/100*****

DOLLARS

TOWN OF AGAWAM
36 MAIN ST AGAWAM MA 01001-1837

MEMO



AUTHORIZED SIGNATURE



MP

Details on Back

Photo Safe Deposit

