

2 TABLES, 8 CHAIRS

APPLICATION FOR OUTDOOR SEATING, GOODS OR OTHER PROPERTY ON CITY SIDEWALKS

Application Fee \$150.00

Date 4-15-2011

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>4/19/11 -ms</u>
Amount Paid	<u>\$150.00 ck# 5445</u>

- New Application
- Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

Applicant's Legal Name: DELO B. SUSI Phone: 617-694-3700

Applicant's Address (with Zip Code): 91 CLARENDON AVE.

Applicant's Email Address: FOOD1950@YAHOO.COM

Applicant's Federal Employer Identification Number: 043453403

Business DBA Name (if applicable): AMELIA'S KITCHEN INC.

Business Location (with Zip Code): 1137 BROADWAY

Mailing Name (where we should send correspondence to): SAME

Mailing Address (with Zip Code): SAME

Emergency Contact: DELO SUSI SR. Phone: 617-694-6044

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust

Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

2011 APR 19 10 51
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

Detailed description of the request, including the proposed quantity and location of items to be placed on the public way. For seating, attach a plan on 8 1/2" x 11" paper, showing the location and dimensions of the seating, the sidewalk, and any signs, trees, or other obstructions.

on file

RELEASE AND INDEMNITY AGREEMENT TO ENCUMBER A PUBLIC WAY

I, the undersigned Applicant or Duly Authorized Agent, hereby agree to release, discharge and hold harmless, the City of Somerville, a municipal corporation of the Commonwealth of Massachusetts, and its officers, employees, agents and servants from all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation associated with the undersigned's use of the public way as described herein.

Signature of Applicant:

[Handwritten Signature]

Date:

4/15/2011

FOR NEW APPLICATIONS AND RENEWALS MAKING CHANGES THIS YEAR:

CITY ENGINEER APPROVAL:

Approval granted not to exceed 2 tables.

Approval granted not to exceed 8 chairs.

Approval granted not to exceed _____ sign(s) or other: _____

Additional conditions SHALL MAINTAIN ADA/AAE ACCESSIBILITY IN

FRONT OF PROPERTY AT ALL TIMES

Signature:

[Handwritten Signature]

Name and Title:

ROBERT KING
CITY ENGINEER

FOR NEW COMMON VICTUALLER APPLICATIONS FOR OUTDOOR SEATING:

INSPECTIONAL SERVICES DEPARTMENT APPROVAL:

Approval granted not to exceed 2 tables.

Approval granted not to exceed 8 chairs.

Approval granted not to exceed _____ sign(s) or other: _____

Additional conditions _____

Signature:

[Handwritten Signature]

Name and Title:

Significant E.P.D.

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: _____

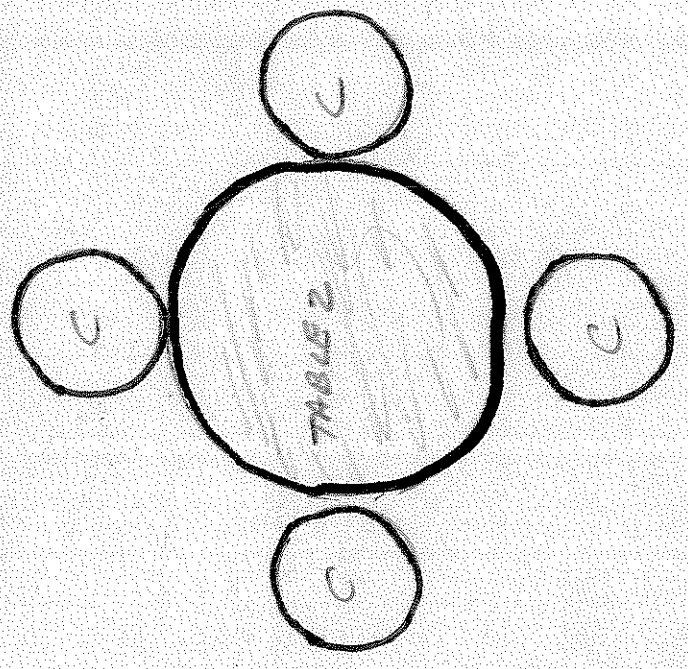
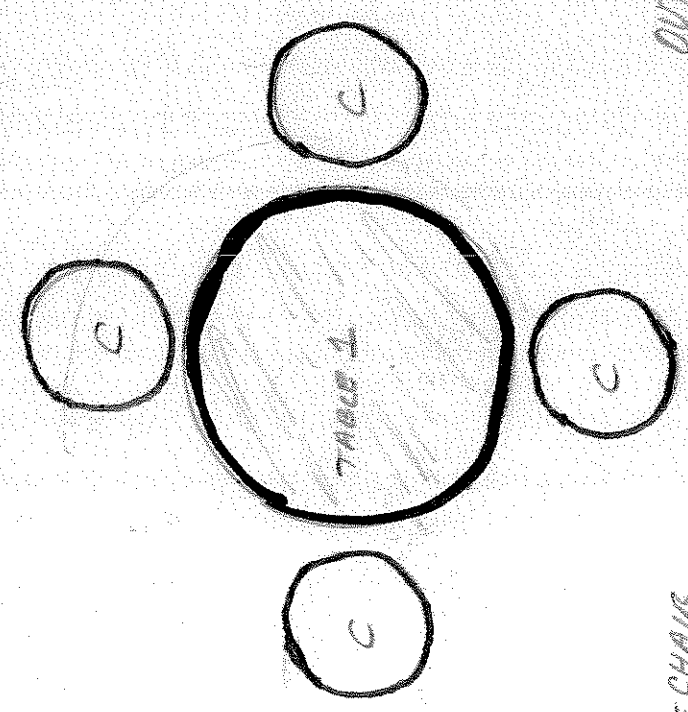
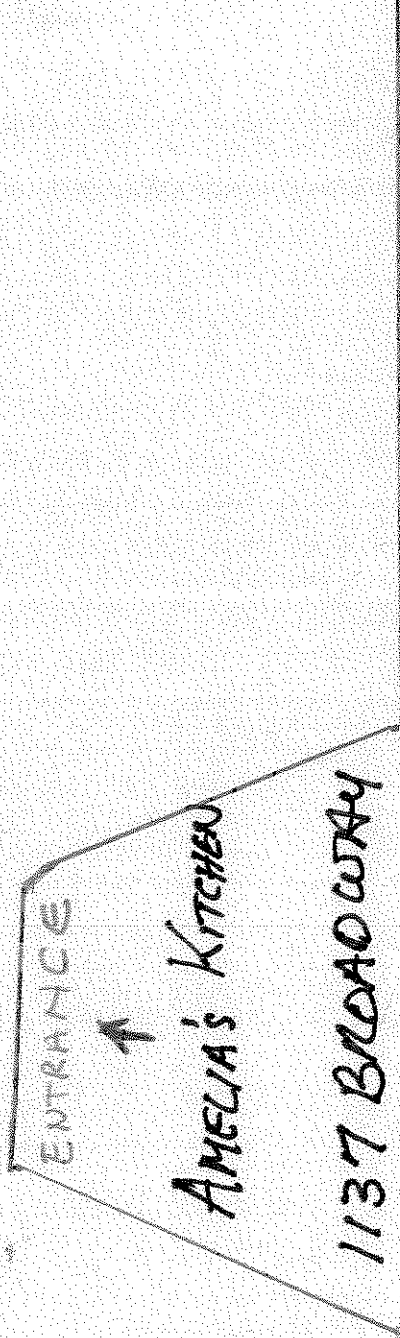
Date: 4-15-2011Print Name: DELIO B. JUSIPhone: 617-694-3780**OTHER CONDITIONS**

1. This permit is issued annually and is valid through December 31.
2. The Applicant agrees to use only those items as described in the description or attached plan, and maintain a minimum clearance of 42" on the sidewalk at all times.
3. The Applicant agrees to submit a City and County Licenses and Permits Bond in the amount of \$5,000, or a current Certificate of Insurance listing the City of Somerville as an Additional Insured on the business liability insurance in a form satisfactory to the City before the Permit will be issued.
4. For outdoor seating,
 - a. The Applicant agrees to install a containment system, which is satisfactory to the City, around the periphery of the outdoor seating area in order to delineate and separate the proposed use from the public sidewalk.
 - b. The Applicant agrees to close all outdoor seating no later than 10:00 PM.
 - c. The Applicant acknowledges that the service of alcohol in the outdoor seating area is prohibited, and may result in criminal and/or civil sanctions, unless separately licensed by the Licensing Commission.
 - d. The Applicant agrees to the placement and regular maintenance of a trash receptacle on the sidewalk in front of the business in order to minimize extra litter associated with outdoor seating.
5. For goods and property placed on the way exclusive of outdoor seating,
 - a. The Applicant agrees to remove all goods and other property from the public way no later than 9:00 PM.

6. _____

Signature of Applicant: _____

Date: 4-15-2011



OUTDOOR SEATING

C = CHAIR



Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 41984739 briefly described as STRUCTURES IN STREET CITY OF SOMERVILLE

for AMELIA'S KITCHEN

_____, as Principal, in the sum of \$ FIVE THOUSAND AND NO/100 Dollars, for the term beginning February 19, 2011, and ending February 19, 2012, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 01 day of March, 2011.



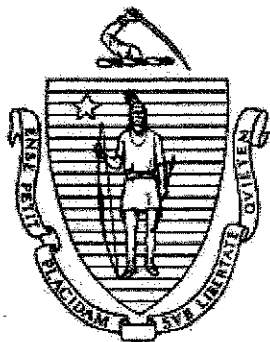
WESTERN SURETY COMPANY

By

Paul T. Bruflat, Senior Vice President

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

**NOTICE
TO
EMPLOYEES**



**NOTICE
TO
EMPLOYEES**

The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS

600 Washington Street, Boston, Massachusetts 02111

617-727-4900 - <http://www.mass.gov/dia>

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above-mentioned chapter by insuring with:

NORFOLK & DEDHAM MUTUAL FIRE INSURANCE COMPANY
NAME OF INSURANCE COMPANY

222 AMES STREET, DEDHAM, MA 02026
ADDRESS OF INSURANCE COMPANY

WE114424A
POLICY NUMBER

03/29/2011
EFFECTIVE DATES

**NUMBER ONE INS AGCY, INC C/O
DOUKAKIS-CORSETTI INS. AGENCY**
NAME OF INSURANCE AGENT

**22 MILL ST., #410
ARLINGTON, MA 02476**

ADDRESS

PHONE #

AMELIAS KITCHEN INC
EMPLOYER

**1137 BROADWAY
SOMERVILLE MA 02144**
ADDRESS

617-694-3700

EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY)

03/31/2011
DATE

MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER