

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

Nonrefundable Application Fee \$150.00

Date 5-15-14

FOR CITY CLERK'S OFFICE ONLY

Date Recorded

Amount Paid

\$150.00

2014 MAY 27 A 10: 22

CITY CLERK'S OFFICE
SOMERVILLE, MA

CK #1522

☒ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business (DBA) Name: Gauchao Brazilian Cuisine Phone: 617 625 6100

Applicant's Federal Employer Identification Number: Cell 857 259 8240

Applicant's Legal Name: Blanca Morales

Applicant's Address (with Zip Code): 61 Shore Drive Somerville MA 02145

Mailing Name (where we should send correspondence to): Gauchao Brazilian Cuisine

Mailing Address (with Zip Code): 102 Broadway Somerville MA 02145

Emergency Contact: Mauricio Alarcon Phone: 617 755 4646

Type of Business (Check Only One and Provide the Names Indicated):

☐ **Sole Proprietor:** Name of Owner: _____

☐ **Partnership (inc. LLP):** Name of Partnership: _____

Names of All Partners Who Own More Than 10%: _____

☐ **Trust:** Name of Trust: _____

Names of All Trustees Who Own More Than 10%: _____

☐ **Corporation:** Name of Corporation: _____

Name of President: _____

Name of Secretary: _____ Name of Treasurer: _____

☐ **LLC:** Name of LLC: Gauchao Brazilian Cuisine LLC

Names of All Managers Who Own More Than 10%: _____

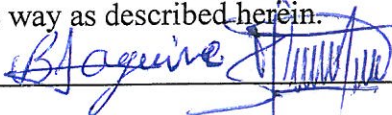
☐ **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Business (DBA) Name: Gaucho Brazilian Cuisine LLC

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 8½" x 11" paper, showing the location and dimensions of the seating, the sidewalk, and any signs, trees, or other obstructions. _____

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:  Date: 5-15-14

FOR ALL NEW OR CHANGING APPLICATIONS:

CITY ENGINEER APPROVAL:

Approval granted not to exceed 3 tables.

Approval granted not to exceed 12 chairs.

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

Additional conditions Must maintain a 42" pedestrian
Clear pathway at all times.

Signature:  Name and Title: 5-15-14

Melissa Miguel Act. Dir of Eng Melissa
FOR NEW COMMON VICTUALLER APPLICATIONS FOR OUTDOOR SEATING: m. suet
PE

INSPECTIONAL SERVICES DEPARTMENT APPROVAL:

Approval granted not to exceed _____ tables.

Approval granted not to exceed _____ chairs.

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

Additional conditions _____

Signature:  Name and Title: Owner

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. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Signature of Applicant: _____

Date: _____

Print Name: _____

Phone: _____

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: _____

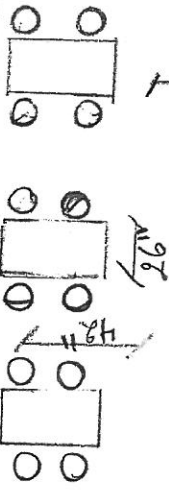
Date: _____



OK for 3 tables and 4 chairs each

Chairs for first table @ corner must be at least
2 feet from edge of building.

Restaurant



Sidewalks

(12 SEATS)

Gauchao Brazilian Cuisine
102 Broadway
Somerville MA 02145

Broadway



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/9/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER FLAGSHIP INSURANCE/BRADY ROGERS INS 651 ORCHARD ST, SUITE 301 PO BOX 40399 NEW BEDFORD MA 02744	CONTACT NAME: Karen Messier PHONE (A/C, No, Ext): (508)994-9688 FAX (A/C, No): (508)991-5461 E-MAIL ADDRESS: kmessier@flagshipins.com
INSURED GAUCHAO BRAZILIAN CUISINE LLC 102 BROADWAY SOMERVILLE MA 02145	INSURER(S) AFFORDING COVERAGE INSURER A Foremost Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES	CERTIFICATE NUMBER:14/15	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		PPS04708501	4/11/2014	4/11/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WC03025527-06	6/26/2014	6/26/2015	WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED A.T.I.M.A.

CERTIFICATE HOLDER (617)625-0008 City Of Somerville 93 Highland Ave Somerville, MA 02143	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE William Cleave/PTE
--	--



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Gauchao Brazilian Cuisine
Address of taxpayer/applicant's business in Somerville: 102-104 Broadway Somerville
Address of taxpayer/applicant's home in Somerville: 61 Shore Drive Somerville.
Taxpayer/applicant's phone: day: 617 501 2141 evening: 617 501 2141

I, (print name) Blanca Morales, 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 15th day of May, 2014. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>N/A</u>	# <u>101054111</u>	# <u>125</u>	# _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



RECEIVED
5/22/14

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Gaucho Brazilian Cuisine
Address: 102 Broadway
City: Somerville State: MA Zip: 02145 Phone #: 617 625 6100

- ☐ I am an employer with _____ 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: Zurich
Address: PO Box 40399
City: New Bedford State: MA Zip: 02744 Phone #: 508 994-9688
Policy #: WC 0302552705 Expiration Date: 6-26-2014

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: 5-15-14
Print Name: Blanca Morales

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 _____

Workers Compensation and Employers Liability Insurance Policy



NORTHERN INSURANCE COMPANY OF NEW YORK

Information Page

NCCI Company No.: 13765

ACCOUNT NUMBER: M018597403-001-00001

Branch BRANCH TBD - NC	Policy Number WC 03025527 05	Producer Code 12845475	Previous Policy Number WC 03025527 04	RENEWAL												
Servicing Address PO Box 2248		Grand Rapids, MI 49501-2248														
ITEM 1. Name Insured and Mailing Address GAUCHAO BRAZILIAN CUISINE, LLC 102 BROADWAY SOMERVILLE MA 02145		Producer Name and Servicing Address SANGAMON ASSOCIATES, INC. PO BOX 40399 NEW BEDFORD MA 02744-0004 (508) 994-9688														
This Information Page, with policy provisions and endorsements, if any, completes this policy.																
Insured is: CORPORATION																
Risk I.D. No:		F.E.I.N.: 550855585														
Other Workplaces Not Shown Above: SEE SCHEDULE OF INSURED AND LOCATIONS																
ITEM 2. Policy Period: From: 06/26/2013 To: 06/26/2014 12:01 a.m. Standard Time at the Insured's Mailing Address																
ITEM 3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MA B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3A. The limits of our liability under Part Two are: <table border="0"> <tr> <td>Bodily Injury by Accident</td> <td>\$</td> <td>100,000</td> <td>Each Accident</td> </tr> <tr> <td>Bodily Injury by Disease</td> <td>\$</td> <td>500,000</td> <td>Policy Limit</td> </tr> <tr> <td>Bodily Injury by Disease</td> <td>\$</td> <td>100,000</td> <td>Each Employee</td> </tr> </table> C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: ALL STATES EXCEPT ND, OH, WA, WY AND THOSE LISTED IN 3A. D. This policy includes these endorsements and schedules: SEE FORMS AND ENDORSEMENTS APPLICABLE LIST					Bodily Injury by Accident	\$	100,000	Each Accident	Bodily Injury by Disease	\$	500,000	Policy Limit	Bodily Injury by Disease	\$	100,000	Each Employee
Bodily Injury by Accident	\$	100,000	Each Accident													
Bodily Injury by Disease	\$	500,000	Policy Limit													
Bodily Injury by Disease	\$	100,000	Each Employee													
ITEM 4. The premium for this policy will be determined by our manuals of rules, classifications, rates and rating plans. All information required on the following Classification Schedule (s) is subject to verification and change by audit. SEE CLASSIFICATION SCHEDULE																
Total Estimated Standard Premium \$ 1,550.00 Premium Discount \$ Expense Constant \$ 338.00 Premium for Endorsements \$ 56.00 Taxes and Surcharges \$ 69.00 Total Estimated Annual Premium \$ 2,013.00 Minimum Premium \$ 216.00 Deposit Premium \$ 2,013.00		If indicated below, adjustments of premium shall be made: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly														

Issue Date: 05/21/2013

INSURED COPY

Countersigned By Authorized Representative

WC 00 00 01 B (Ed. 09-02)

Copyright, 1987 National Council on Compensation Insurance