

3 TABLES
9 SEATS
1 A-FRAME SIGN

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

Application Fee \$150.00

Date 03-31-2011

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 4-7-2011
Amount Paid 150.00

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

Business Name: DHAULAGIRI, INC. Phone: 617-284-6227

Business DBA Name (if applicable): YAK & YETI RESTAURANT

Address with Zip Code: 719 BROADWAY, SOMERVILLE, MA 02144

Tax Identification Number: 800-387-286 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): YAK & YETI RESTAURANT

Address with Zip Code: 719 BROADWAY, SOMERVILLE, MA 02144

Property Owner Name: EDWARD PIGNONE Phone: 617-438-4064

Address with Zip Code: 719 BROADWAY, SOMERVILLE, MA 02144

Emergency Contact 1: AMRIT THAKALI BHATTACHAN Phone: 617-784-8203

Emergency Contact 2: SAMRAT KC Phone: 617-852-9040

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: AMRIT THAKALI BHATTACHAN

Address with Zip Code: 15 FRANKLIN AVE, SOMERVILLE, MA 02145

Partner's/Member's/Secretary's Name: SAMRAT KC

Address with Zip Code: 263 SCHOOL ST, WATERTOWN, MA 02472

Partner's/Member's/Treasurer's Name: KIRAN KUMAR SHREETHA

Address with Zip Code: 5 COLONIAL VILLAGE DR # 2, ARLINGTON, MA 02474

2011 APR - 7 11:31 AM
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 8½" x 11" paper, showing the location and dimensions of the seating, the sidewalk, and any signs, trees, or other obstructions. (see attached detail).

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 *[Signature]* Date: 03-31-2011

FOR NEW APPLICATIONS AND RENEWALS MAKING CHANGES THIS YEAR:

CITY ENGINEER APPROVAL:

Approval granted not to exceed 3 tables.
Approval granted not to exceed 9 chairs.
Approval granted not to exceed 1 sign(s) or other: _____
Additional conditions _____

Signature: *[Signature]* Name and Title Robert King - Engineer

FOR NEW COMMON VICTUALLER APPLICATIONS FOR OUTDOOR SEATING:

INSPECTIONAL SERVICES DEPARTMENT APPROVAL:

Approval granted not to exceed 3 tables.
Approval granted not to exceed 9 chairs.
Approval granted not to exceed 1 sign(s) or other: _____
Additional conditions _____

Signature: *[Signature]* Name and Title: Al Burgoon LBI

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: * *Amit Thakali Bhattacharya* Date: 03-31-2011

Print Name: AMBIT THAKALI BHATTACHARYA Phone: 617-234-6227

OTHER CONDITIONS

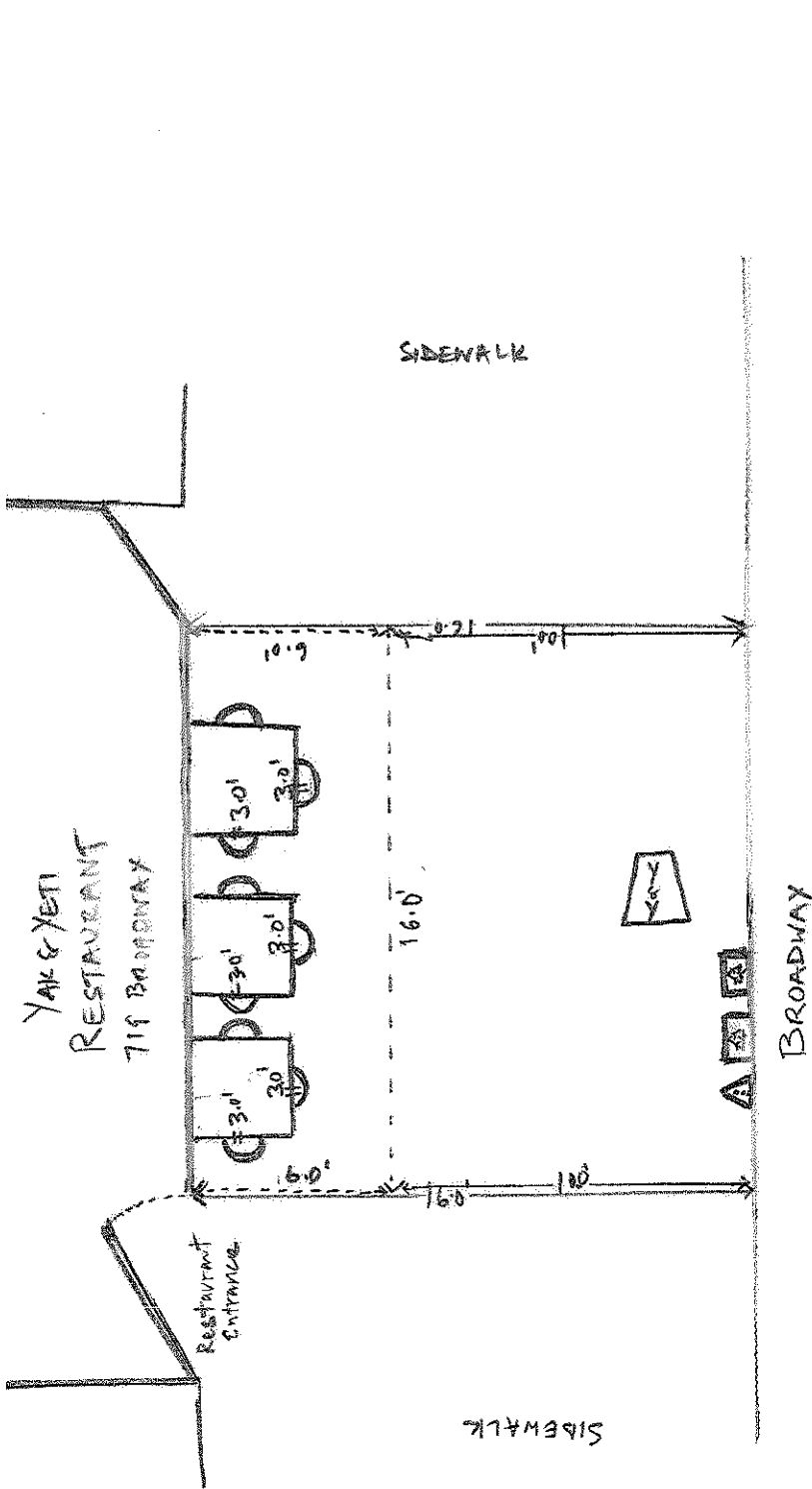
1. This permit is issued annually and is valid from May 1 through April 30 of the following year.
2. The Applicant agrees to use only those items as described in the description or attached plan, and maintain a minimum clearance of 42" on the sidewalk at all times.
3. The Applicant agrees to submit a 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: * *Amit Thakali Bhattacharya* Date: 03-31-2011

YAK & YETI RESTAURANT

719 BROADWAY

SOMERVILLE, MA 02144



Legend



= Table (3'0" x 3'0")



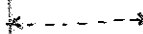
= Chair (1.5' x 1.3')



= Recycling bin



= Traffic light



= Proposed seating plan



= Sidewalk signboard (2.5' x 4')

Detail Description:-

- ① We are planning to place sidewalk signboard (2.5' x 4') in front of the restaurant.
- ② Additionally, we are planning to have outdoor seating on the sidewalk. The plan includes 3 tables (3.0' x 3.0') and 6 chairs (1.5' x 1.3').
- ③ Table and chair more than 125' to outside.

2011 APR 12 AM 8:37
 I.S.D.
 CITY OF SOMERVILLE

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

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.

DEHALLAGIRI, INC DBA / YAK & YETI RESTAURANT
*Signature of Individual or Corporate Name (Mandatory)

* [Handwritten Signature]
By: Corporate Officer (Mandatory, if a corporation)

800-387-286
**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: DHALLAGIRI, INC. DBA / YAK & YETI RESTAURANT

Address of taxpayer/applicant's business in Somerville: 719 BROADWAY

Address of taxpayer/applicant's home in Somerville: 15 FRANKLIN AVE

Taxpayer/applicant's phone: day: 617-284-6227 evening: 617-784-8203

I, (print name) AMRIT THAKALI BHATTACHAN, 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 31 day of

MARCH, 20 11. * Bhattachan
(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: _____
16542090 # 30202601 / # NO ACC # _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:



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: YAK & YETI RESTAURANT
Address: 719 BROADWAY
City: SOMERVILLE State: MA Zip: 02144 Phone #: 617-284-6227

- I am an employer with _____ employees (full and/or part time). Business Type: Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 I am a sole proprietor or partnership and have no employees. Nonprofit
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Entertainment
 Manufacturing
 We are a nonprofit organization staffed by volunteers and have no employees. Health Care
 Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: LIBERTY MUTUAL INSURANCE Co.
Address: PO BOX 9090
City: DOVER State: NH Zip: 03821 Phone #: 860-653-7893
Policy #: 1377933-0000 Expiration Date: 05-13-2012

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: 03-31-2011
Print Name: AMRIT THAKALI BEHATTA CIAN

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 _____