



CITY OF SOMERVILLE
 Commonwealth of Massachusetts
 93 Highland Avenue
 Somerville, MA 02143
 (617) 625-6600

Application to Renew Outdoor Seating License

**BROADWAY BBQ LLC
 6 AZALEA RD
 WINCHESTER MA 01890**

License #: BL15-001104
File #: 15-868
Fee: 165

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: EAST END GRILLE Business Location: 118 BROADWAY Business Phone: 617-628-6000	
License Holder: BROADWAY BBQ LLC 6 AZALEA RD WINCHESTER MA 01890	
Mailing Address: BROADWAY BBQ LLC 6 AZALEA RD WINCHESTER MA 01890	
Business Type: Partnership / LLP MICHAEL BANDAR STEPHEN BANDAR	
FID: 800777479	
Emergency Contact: STEPHEN BANDAR Phone: 617-308-5508	
# of Tables: 12 # of Chairs: 28 # of A-frame signs: 0 Describe any other Items or Goods: Not yet provided.	

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

1. This permit is issued annually and is valid through December 31.
2. The Applicant agrees to use only those items described in the description and attached plan, and place all items on the sidewalk or public way in such a manner as not to obstruct pedestrian traffic and to permit an unobstructed path of travel in accordance with applicable federal and state law. The Applicant agrees to maintain a minimum clearance of 42" on the sidewalk or public way at all times.
3. The Applicant agrees to remove all goods and other property from the sidewalk or public way no later than 9:00 PM, except for outdoor seating, which shall be maintained as below.
4. For outdoor seating,
 - o The Applicant agrees to comply at all times with 248 CMR 10.10 (minimum toilet facilities), and hereby certifies that the Applicant has sufficient toilet facilities to accommodate the maximum indoor and outdoor seating capacity.



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Broadway BBQ LLC

Address of taxpayer/applicant's business in Somerville: 118 Broadway

Address of taxpayer/applicant's home in Somerville: 27 Francesca Ave

Taxpayer/applicant's phone: day: 617-416-7636 evening: Same

I, (print name) Michael Bander, 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 19 day of November, 20 15.
Michael Bander
(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: _____

2015 # 101055001 # 104 # ✓

NOTES:

CLERK'S INITIALS: SR

ORIGINAL STAMP:

11-25-15

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

2015 NOV 25 P 12:17

CITY CLERK'S OFFICE
SOMERVILLE, MA

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: Broadway BBQ LLC / PBA East End Grill
Address: 118 Broadway
City: Somerville State: MA Zip: 02145 Phone #: 617-308-5508

- I am an employer with 15 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 s(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: Utica National Insurance Group
Address: 180 Genesee St
City: New Hartford State: NY Zip: 13413 Phone #: 800-274-1914
Policy #: 464-0406 Expiration Date: 5/1/16

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: Michael Bandar Date: 11/19/15
Print Name: Michael Bandar

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 _____