

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. <u>If you have workers compensation insurance</u>, attach proof showing the <u>insurer and policy number</u>. 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.
- For outdoor seating,
 - 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/23/15

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	CONTACT NAME: Carmen Cocca			
Cocca Insurance Associates Inc	PHONE (A/C, No. Ext): (781) 245-0888 (A/C, No): (781)	246-3926		
dba Water Street Insurance Age	ADDRESS: carmen@getinsurancehere.com			
27 Water Street	INSURER(S) AFFORDING COVERAGE	NAIC#		
Wakefield, MA 01880	INSURER A : UTICA FIRST INSURANCE CO			
INS URED	INSURER B:			
Good Food Restaurant Group LLC	INSURER C:			
Broadway BBQ LLC dba East End	INSURER D:	to 10		
118 Broadway	INSURER E:			
Somerville, MA 02145	INSURER F:			
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAY	A REEN ISSUED TO THE INSURED NAMED AROVE FOR THE POLICE	V PERIOD		

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	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S
A	GENERAL LIABILITY	Y		BOP441207601	5/10/15	5/10/16	DIOTIOCOUNTEIVOL	\$ 1,000,000
ı	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 5,000
1							PERSONAL & ADVINJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	POLICY PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY			-			COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALLOWNED SCHEDULED AUTOS AUTOS						,	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE RIMEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
A	Liquor Liability			BOP4415717	5/10/13	5/10/14	each occ.	500,000
							aggregate	500,000
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	ttach A	CORD 101 Additional Remarks Schedule	if more sname is:	re qui red\		

CERTIFICATE HOLDER	CANCELLATION
City of Somerville 93 Highland Avenue	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Somerville, MA 02143	AUTHORIZED REPRESENTATIVE
	Carmen Cocca

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Restaurant



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/ap	oplicant's business:	Broadway	BBQ LLC			
Address of taxpayer/applicant's business in Somerville: 18 Broadway						
Address of taxpayer/applicant's home in Somerville: 27 Francesca Au						
Taxpayer/applicant's phone: day: 617-416-7636 evening: 5000						
I, (print name) Michael Book , 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 F	PAINS AND PENAL	TIES OF PERJURY, this				
November	, 20_15	(Taxpayer's sign	Bento			
		(Taxpayer's sign	ature)			
CITY'S ACKNOWLEDGEMENT						
	CITY'S ACKNO	WLEDGEMENT				
DATE OF ISSUANCE:		WLEDGEMENT DES RELEVANT POSTINGS THROU	JGH:			
	INCLU					
	INCLU	DES RELEVANT POSTINGS THROU	E:			
TAXES AND ACCOUNT	INCLU IN	DES RELEVANT POSTINGS THROU	E:			
TAXES AND ACCOUNT	INCLU I NUMBER(S) INCL Water/Sewer # 10105500	DES RELEVANT POSTINGS THROU	E:			

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

2015 NOV 25 P 12: 17

Workers' Compensation Insurance Affidavit - General Business VILLE, MA

Applicant information:	<u> </u>
Name.	END Grille
Address: 1/8 Broad way	110 210 25
City: Somerville State: MA zip: 02/45P	hone #: 617-308-550
 ✓ I am an employer with/5 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. We are a nonprofit organization staffed by volunteers and have no employees. Retail Restaurant/Bar Nonprofit Entertainment Manufacturing Health Care Other Other	/Eating Establishment Gales (real estate, auto, etc.)
Workers' compensation insurance information (if applicable):	
Insurance Company Name: Utica National Insurance	Group
Address: 180 Genesie St	0 20/ 10/16
City: New Hart Ford State: NY Zip: 134/3 Pt	none #: 800-274-1914
Policy #: 464-0406	xpiration Date: 5/1/16
Applicant certification:	
Failure to secure coverage as required under Section 25A of MGL 152 can lead to the impositi to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STO \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the for coverage verification.	JP WORK ORDER and a fine of
I do hereby certify under the pains and penalties of perjury that the information provided ab	ove is true and correct.
Signature: Mechael Banda Da	ate:
Print Name: Michael Bandar	
	official
Official use only. Do not write in this area. To be completed by city or tow	n ojjiciai.
Contact Person: Permit/License #: Phone #:	Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office Other
Contact I croom.	

(revised Jan. 2008)